()

s.19(1) s.21(1)(a) s.21(1)(b)

Désormeaux, Suzanne	D٠	és	orm	eaux.	Suzanne	è
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From: Sent: To:	Pentney, William 13 avril 2016 07:33 Wilson-Raybould, Jody, Raybould@parl.gc.ca;
Cc: Subject:	Re: Feds urged to spare sick and dying from legal battles, seek top court's advice
	National Newswatch
Bill	
	rry 10 smartphone on the Bell network.
From: Wilson-Raybould Sent: Wednesday, April To: Cc:	
	d to spare sick and dying from legal battles, seek top court's advice National
Sent from my BlackBei	rry 10 smartphone on the Rogers network.
	13, 2016 7:11 AM tney, William; Jody.Wilson-Raybould@parl.gc.ca; Wilson-Raybould, Jody;
Cc: Subject: Fw: Feds urge Newswatch	ed to spare sick and dying from legal battles, seek top court's advice National
From: Sent: Wednesday, April	13, 2016 07:10 AM

s.19(1)

To:

Subject: Feds urged to spare sick and dying from legal battles, seek top court's advice | National Newswatch

http://www.nationalnewswatch.com/2016/04/13/feds-urged-to-spare-sick-and-dying-from-legal-battles-seek-top-courts-advice-3/#. Vw4orDgpDHx

Sent from my BlackBerry 10 smartphone.

s.19(1)

s.21(1)(a)

s.21(1)(b)

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_	63	u		60	ux.	ъu	Za	nne
_		_			,			

From: Sent:

Pentney, William 14 avril 2016 23:25

To: Cc: Wilson-Raybould, Jody

Subject:

Re:

Hope this helps. Thanks

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

From:

Sent: Thursday, April 14, 2016 10:50 PM

To: Wilson-Raybould, Jody Cc: Pentney, William;

Subject:

Minister -

Sent from my BlackBerry 10 smartphone on the Rogers network.

s.21(1<u>)</u>(a)

s.21(1)(b)

s.21(1)(a)

s.21(1)(b)

Désormeaux, Suzanne

Bill	
Sent from my BlackBerry 10 smartphone on the Bell network.	
From: Sent: Thursday, April 14, 2016 11:55 PM To: Wilson-Raybould, Jody Cc: Pentney, William; Subject:	•
Minister	

Sent from my BlackBerry 10 smartphone on the Rogers network.

s.21(1)(a)

s.21(1)(b)

s.19(1)

Désormeaux, Suzanne

From:

Pentney, William 15 avril 2016 06:22 s.19(1)

Sent: To:

15 avril 2016 06:22 Wilson-Ravbould, Jody s.21(1)(a) s.21(1)(b)

Cc:

Subject: Carter Comms

Minister:

I hope this is helpful.

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

s.14 s.21(1)(a) s.21(1)(b)

Désormeaux, Si	uza	nr	ıe
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From: Sent: To: Subject:	Pentney, William 27 avril 2016 10:46 Wilson-Raybould, Jody Re:
Minister:	
Min-DM. Thanks	We'll sort out a time for the
Bill	
Sent from my BlackBerry	10 smartphone on the Bell network.
From: Wilson-Raybould, Jo Sent: Wednesday, April 27 To: Pentney, William Subject: Re:	
Hi Deputy.	
Ps: would like to change me.	our Min/DM till later today if we can do it after lunch would work better for
Sent from my BlackBerry	10 smartphone on the Rogers network.
From: Pentney, William Sent: Tuesday, April 26, 26 To: Wilson-Raybould, Jody Cc: Caroline; Patry, Claudine Subject: FW:	016 3:20 PM
Minister:	

Bill

s.14

s.21(1)(a)

From: Frater, Robert

s.21(1)(b)

Sent: April-26-16 4:42 PM

s.23

To: Pentney, William; Bickert, Geoffrey; Piragoff, Donald

Cc: Patry, Claudine; Leclerc, Caroline; Potter, Jay; Hughson, Bruce

Subject:

Importance: High

Page 11 is withheld pursuant to sections est retenue en vertu des articles

14, 21(1)(a), 21(1)(b), 23

s.14 s.21(1)(a) s.21(1)(b) s.23

D	és	or	m	ea	ux,	Sı	ıza	nne	į

From: Sent: To: Cc: Subject:	Pentney, William 27 avril 2016 20:21 Wilson-Ravbould, Jody Lafleur, Eric; Poliquin, Stéphanie; Patry, Claudine; Leclerc, Caroline Fw:
Minister:	
Bill	
Sent from my BlackBerry	10 smartphone on the Bell network.
Sent: Wednesday, April 2 To: Pentney, William; Bick Cc: Patry, Claudine; Lecler Subject: Fw:	ert, Geoffrey; Piragoff, Donald; van Dieen, Jodie; Potter, Jay rc, Caroline; Aaron, David; Nabbali, Talitha
	/ 10 smartphone on the Rogers network.
From: Regehr, Cam <can Sent: Wednesday, April 2' To: Frater, Robert</can 	
	er, Charlotte; Ritzen, Barbara; Davis, Darrin
Rob,	

Cam Regehr DOJ counsel, Prairie Region Sent from my BlackBerry 10 smartphone on the Rogers network.

s.14 s.21(1)(a)

s.21(1)(b)

s.23

Désormeaux, Suzanne

s.19(1)

From:

Pentney, William 5 mai 2016 18:04

Sent: To:

Wilson-Ravbould, Jody

Cc:

Lafleur, Eric; Poliquin, Stéphanie; Leclerc, Caroline; Patry, Claudine;

Subject:

Importance:

High

Minister:

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Frater, Robert < Robert.Frater@justice.gc.ca>

Sent: Thursday, May 5, 2016 5:56 PM

To: Pentney, William; Bickert, Geoffrey; Piragoff, Donald; van Dieen, Jodie; Potter, Jay; Leclerc, Caroline;

Noftle, Tracie; Gowing, Andrew Cc: Aaron, David; Nabbali, Talitha

Subject: RE:

From: Frater, Robert Sent: May 5, 2016 4:57 PM

To: Bickert, Geoffrey; van Dieen, Jodie; Potter, Jay; Leclerc, Caroline; Noftle, Tracie; Gowing, Andrew

Cc: Aaron, David; Nabbali, Talitha

Subject:

Importance: High

		s.21(1)(a) s.21(1)(b)	5.13(1)
Désormeaux, S	Suzanne		<u> </u>
From: Sent: To: Subject:	Pentney, William 7 mai 2016 13:24 Wilson-Raybould, Jody Re:		
Bill			
Sent from my Bla	nckBerry 10 smartphone on the Bell	network.	
From: Wilson-Ray Sent: Saturday, M To: Pentney, Willia	lay 7, 2016 12:31 PM		
Subject: Re:	aili		•
Sent from my Bla	ackBerry 10 smartphone on the Rog	gers network.	
From: Pentney, V Sent: Friday, May To: Wilson-Raybo	6, 2016 2:09 PM		

Cc: Subject:

Minister:

Bill

s.14

s.19(1)

Lafleur, Eric; Leclerc, Caroline

Pages 16 to / à 17 are withheld pursuant to sections sont retenues en vertu des articles

14, 21(1)(a), 21(1)(b)

s.21(1)(a) s.21(1)(b) s.23

D	ésc	rme	aux.	Suza	ınne
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From: Sent: To: Subject:	Pentney, William 15 mai 2016 20:59 Wilson-Raybould, Jody
Bill	
Sent from my BlackBerry	10 smartphone on the Bell network.
From: Wilson-Raybould Sent: Sunday, May 15, To: Pentney, William Subject:	
Sent from my BlackBerry	/ 10 smartphone on the Rogers network.
From: Pentney, William Sent: Sunday, May 15, To: Wilson-Raybould, Jo Subject:	2016 9:42 AM
Bill	
Sent from my BlackBerry	v 10 smartphone on the Bell network.
From: Wilson-Raybould Sent: Sunday, May 15, To: Pentney, William Subject:	

s.23 s.21(1)(a)

s.21(1)(b)

Jody

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: Pentney, William

Sent: Sunday, May 15, 2016 9:07 AM

To: Wilson-Raybould, Jody

Subject:

Minister: sorry, by the time I saw this last night I thought it was too late to reply. I don't yet have the revised

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Wilson-Raybould, Jody

Sent: Saturday, May 14, 2016 8:44 PM

To: Pentney, William; Cc: Lafleur, Eric

Subject:

Thanks for this Deputy

Jody

From: Pentney, William	s.21(1)(a)
Sent: Saturday, May 14, 2016 6:33 PM	s.21(1)(b)
To: Wilson-Raybould, Jody; Cc: Lafleur, Eric	s.23
Subject:	·
Bill	
Sent from my BlackBerry 10 smartphone on the Bell network.	
From:	
Sent: Saturday, May 14, 2016 1:17 PM To: Pentney, William	
Cc: Lafleur, Eric Subject:	
Subject.	
Thanks.	
Sent from my BlackBerry 10 smartphone on the Rogers network.	
Fron	
Sent: Friday, May 13, 2016 5:04 PM To: Wilson-Raybould, Jody	
Cc:	
Subject:	
Minister –	
Have a great weekend,	
Senior Policy Advisor Conseillère principale en politiques	

Sent from my BlackBerry 10 smartphone on the Rogers network.

Page 21 is withheld pursuant to section est retenue en vertu de l'article

19(1)

Lafleur, Eric; Frater, Robert; Poliquin,

s.19(1)

s.21(1)(a)

s.21(1)(b)

s.23

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L				-	ux,	•	11/6	411		Н.
_		•				_		~		•

From: Sent:

Pentney, William 17 mai 2016 19:46

To:

Wilson-Raybould, Jody

Cc:

Stéphanie

Subject: Attachments: Fw:

Minister:

Thanks.

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Frater, Robert < Robert.Frater@justice.gc.ca>

Sent: Tuesday, May 17, 2016 7:22 PM

To: Pentney, William

Subject: RE:

From: Pentney, William **Sent:** May 17, 2016 7:09 PM

To: Frater, Robert; Piragoff, Donald; Morency, Carole; Wright, Laurie; Othmer, Nancy; Ettel, Jeanette;

Klineberg, Joanne

Cc: Poliquin, Stéphanie; Patry, Claudine; Leclerc, Caroline; Taschereau, Alexia

Subject:

PROTECTED SOLICITOR CLIENT PRIVILEGE // ADVICE TO MINISTERS

Thanks

William F. Pentney, Q.C., c.r.
Deputy Minister of Justice and Deputy Attorney General of Canada
Sous-ministre de la Justice et sous-procureur général du Canada
Justice Canada

s.21(1)(a)

s.21(1)(b)

s.23

Pages 24 to / à 28 are withheld pursuant to sections sont retenues en vertu des articles

21(1)(a), 21(1)(b), 23

s.21(1)(a) s.21(1)(b)

s.19(1)

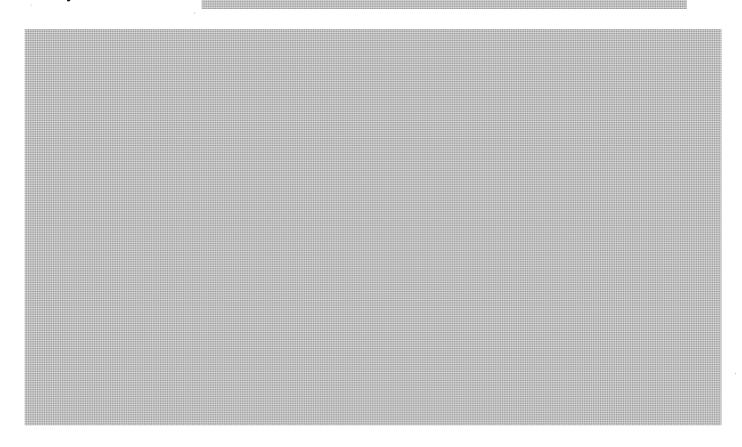
Désormeaux, Suzanne

From: Sent:

Pentney, William 18 mai 2016 13:19

To: Cc: 'Wilson-Raybould, Jody - M.P.'

Subject:



From: Wilson-Raybould, Jody - M.P. [mailto:Jody.Wilson-Raybould@parl.gc.ca]

Sent: May-18-16 1:10 PM To: Pentney, William

Cc:

Subject

Pages 30 to / à 31 are withheld pursuant to sections sont retenues en vertu des articles

21(1)(a), 21(1)(b)

Wright, Laurie; Lafleur, Eric; Leclerc,

s.21(1)(a)

s.23

s.21(1)(b)

s.19(1)

Désormeaux, Suzanne

From:

Pentney, William

Sent:

24 mai 2016 22:42

To:

Wilson-Raybould, Jody

Cc:

Caroline

Subject:

Attachments:

Minister: as discussed,

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Laskin, John <jlaskin@torys.com>
Sent: Friday, May 20, 2016 11:41 AM
To: Pentney, William; Wright, Laurie

Subject:

Bill and Laurie,

Regards, John

John B. Laskin

P. 416.865.7317 | F. 416.865.7380 | 1.800.505.8679 79 Wellington St. W., 30th Floor, Box 270, TD South Tower Toronto, Ontario M5K 1N2 Canada | www.torys.com

<u>TORYS</u>

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Pages 33 to / à 56 are withheld pursuant to section sont retenues en vertu de l'article

23

s.19(1) s.21(1)(a) s.21(1)(b)

s.23

Pentney,	William
----------	---------

From: Pentney, William May-26-16 4:43 PM Sent: To: Wilson-Raybould, Jody Lafleur, Eric; Poliquin, Stéphanie; Wright, Cc: Laurie; Leclerc, Caroline Subject: **Attachments:** Minister: And I'm happy to discuss this as well. Thanks Bill Sent from my BlackBerry 10 smartphone on the Bell network. From: Laskin, John <jlaskin@torys.com> **Sent:** Thursday, May 26, 2016 1:34 PM To: Wright, Laurie Cc: Pentney, William Subject: Laurie,

Regards, John

John B. Laskin

P. 416.865.7317 | F. 416.865.7380 | 1.800.505.8679 79 Wellington St. W., 30th Floor, Box 270, TD South Tower Toronto, Ontario M5K 1N2 Canada | www.torys.com

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Pages 58 to / à 107 are withheld pursuant to section sont retenues en vertu de l'article

23

s.21(1)(a)

s.21(1)(b)

s.19(1)

Pentney, William

s.23

From: Sent:

Pentney, William

To:

May-31-16 12:18 PM

Cc:

Subject:

Wilson-Raybould, Jody

Attachments:

Wright, Laurie; Lafleur, Eric; Leclerc, Caroline

Protected Solicitor-Client Privilege //Advice to Ministers

Minister:

thanks

William F. Pentney, Q.C., c.r. Deputy Minister of Justice and Deputy Attorney General of Canada Sous-ministre de la Justice et sous-procureur général du Canada Justice Canada

Pages 109 to / à 122 are withheld pursuant to sections sont retenues en vertu des articles

21(1)(a), 21(1)(b), 23

s.21(1)(a)

s.21(1)(b)

s.23

s.19(1)

Pentney, William

From:

Pentney, William

Sent: To:

May-31-16 1:03 PM

Cc:

Wilson-Raybould, Jody

Subject:

Lafleur, Eric; Leclerc, Caroline Fw: lapresse.ca - Aide à mourir: le projet de loi C-14 est-il constitutionnel?

Minister quick translation

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Media-Relations-Medias <media@justice.gc.ca>

Sent: Tuesday, May 31, 2016 1:00 PM

Subject: lapresse.ca - Aide à mourir: le projet de loi C-14 est-il constitutionnel?

Aide à mourir: le projet de loi C-14 est-il constitutionnel?

Vincent Brousseau-PouliotVINCENT BROUSSEAU-POULIOT

La Presse

Publié le 31 mai 2016 à 08h31 | Mis à jour à 10h20

(Ottawa) Malgré les critiques de plusieurs organismes, dont le Barreau du Québec, au cours des dernières semaines, le projet de loi fédéral sur l'aide médicale à mourir est constitutionnel, selon trois des quatre experts en droit constitutionnel consultés parLa Presse. Le projet de loi C-14 doit faire l'objet d'un vote aujourd'hui à la Chambre des communes. S'il est adopté, il sera ensuite étudié par le Sénat, mais le gouvernement Trudeau a reconnu hier que la date butoir du 6 juin imposée par la Cour suprême pourrait ne pas être respectée. Explications.

UNE SITUATION « ÉTONNANTE »...

Le projet de loi fédéral C-14 est une réponse à la décision de la Cour suprême du Canada dans l'arrêt Carter, où deux personnes atteintes d'une maladie dégénérative voulaient recevoir une aide médicale à mourir malgré l'interdiction d'un article du Code criminel sur le suicide assisté. Dans l'arrêt Carter, la Cour suprême a invalidé la criminalisation « mur à mur » de l'aide médicale à mourir et a donné jusqu'au 6 juin 2016 à Ottawa pour trouver une solution législative. Le projet de loi C-14 énonce plusieurs critères pour qu'une personne soit admissible à l'aide médicale à mourir, dont celui d'une « mort naturelle raisonnablement prévisible » qui soulève des questions constitutionnelles car ce critère exclut notamment les personnes atteintes d'une maladie dégénérative (malgré leurs souffrances, leur mort naturelle n'est pas « raisonnablement prévisible »). Or, les deux patientes à l'origine de l'arrêt Carter [Kay Carter et Gloria Taylor, aujourd'hui mortes] étaient atteintes d'une maladie dégénérative. « Je reconnais que la situation peut être étonnante », dit le professeur Patrick Taillon.

... MAIS CONSTITUTIONNELLE

Malgré tout, les professeurs en droit constitutionnel Patrick Taillon (Université Laval), Rachel Chagnon (UQAM) et Stéphane Beaulac (Université de Montréal) croient que le projet de loi C-14 est constitutionnel. Même si les limites à l'aide médicale à mourir imposées par Ottawa contreviennent au droit à la vie, à la liberté et à la sécurité de l'article 7 de la Charte canadienne des droits et libertés, ces limites sont raisonnables et justifiées dans le cadre d'une société libre et démocratique en vertu de l'article 1, selon les trois professeurs. « J'ose croire que l'écart entre le projet de loi et la décision de la Cour suprême dans l'arrêt Carter passe le test de raisonnabilité », dit le professeur Taillon. « Le projet de loi C-14 porte atteinte de façon minimale aux droits garantis par la Charte », dit le professeur Beaulac.

LA « MARGE D'APPRÉCIATION » DU LÉGISLATEUR

Ce n'est pas nécessairement parce que l'arrêt Carter portait sur le cas de deux personnes atteintes d'une maladie dégénérative qu'Ottawa est obligé sur le plan juridique de permettre l'aide médicale à mourir pour les personnes atteintes d'une telle maladie, font valoir les trois professeurs. « Il ne faut pas lire l'arrêt Carter comme une disposition législative, ce sont des directives qui laissent une certaine marge d'appréciation, des balises plutôt qu'une formule statutaire. C-14 ne semble pas aller aussi largement que la Cour suprême le suggère dans l'arrêt Carter, mais ça ne signifie pas que la loi est inconstitutionnelle », dit le professeur Beaulac. « La Cour n'a pas comme mandat de déterminer dans quelle mesure un compromis politique est acceptable dans la mesure où ce compromis répond à l'objectif demandé par la Cour », dit la professeure Chagnon.

INCONSTITUTIONNEL

Le constitutionnaliste Maxime St-Hilaire, professeur à l'Université de Sherbrooke, se range plutôt du côté de ceux qui pensent que le projet de loi C-14 est inconstitutionnel. Selon lui, il est « improbable » - mais « pas impossible », préciset-il - que le projet de loi C-14 passe le test de la Charte canadienne. « Dans Carter, la Cour suprême nous dit qu'on ne peut pas exclure d'emblée les personnes qui souffrent d'un handicap physique, explique-t-il. Si la Cour dit ça, je vois mal pourquoi le Code criminel pourrait priver systématiquement les personnes souffrant d'une maladie grave et incurable sous prétexte que la mort naturelle n'en est pas une conséquence raisonnablement prévisible. Ça me semble illogique. » Plusieurs organismes ont aussi soulevé des doutes sur la constitutionnalité du projet de loi. Dans leur mémoire, le Barreau du Québec et l'Association du Barreau canadien ont chacun suggéré que le projet de loi soit modifié pour respecter les critères de l'arrêt Carter où il n'est pas question de « mort naturelle raisonnablement prévisible », un critère introduit par le gouvernement Trudeau.

Doute sur la date butoir du 6 juin

En théorie, la Cour suprême du Canada a donné jusqu'au 6 juin à Ottawa pour adopter une loi fédérale sur l'aide médicale à mourir. Pour la première fois hier, le gouvernement Trudeau a laissé planer un doute sur sa capacité de respecter cette date butoir. La course contre la montre pour adopter C-14 entre dans son dernier droit, tandis que le projet de loi devrait être envoyé au Sénat ce soir, où plusieurs sénateurs ont exprimé de sérieux doutes quant à sa constitutionnalité et ont signalé leur intention de l'amender. Pour tenter d'accélérer le processus, les ministres de la Santé et de la Justice devraient témoigner en comité plénier demain ou jeudi. Le comité sénatorial des affaires juridiques et constitutionnelles devrait se pencher sur le projet vendredi et lundi, puis le retourner au Sénat pour les étapes du rapport et de la troisième lecture.

- Avec Hugo de Grandpré et La Presse Canadienne

 $\frac{\text{http://www.lapresse.ca/actualites/sante/201605/31/01-4986823-aide-a-mourir-le-projet-de-loi-c-14-est-il-constitutionnel.php}{}$

Lafleur, Eric; Poliquin, Stéphanie; Patry,

s.21(1)(a) s.21(1)(b)

s.23

Pentney, William

From:

Pentney, William

Sent:

June-06-16 12:02 PM

To:

Wilson-Raybould, Jody

Cc:

Subject:

Attachments:

Importance:

High

Claudine

Minister:

Bill

From: Patry, Claudine Sent: June-06-16 12:00 PM

To: Pentney, William < William.Pentney@justice.gc.ca>

Subject:

Importance: High

Deputy,

Claudine

From: Hébert, Nathalie Sent: June-06-16 11:58 AM

To: Leclerc, Caroline < Caroline.Leclerc@justice.gc.ca >; Patry, Claudine < Claudine.Patry@justice.gc.ca >

Cc: * SADMO/Admin <SADMO Admin@justice.gc.ca>; * CLP SGC/Office <CLPSGC Office@justice.gc.ca>; Oda, Michael

<Michael.Oda@justice.gc.ca>; Assad, Michael <Michael.Assad@justice.gc.ca>; Jansson, Philip

<Philip.Jansson@justice.gc.ca>

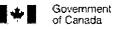
Subject:

Importance: High

Thanks, Nathalie

Nathalie Hébert

Counsel and Special Advisor | Avocate et conseillère spéciale Senior Assistant Deputy Minister's Office | Bureau du Sous-ministre adjoint principal Policy Sector | Secteur des politiques Department of Justice | Ministère de la justice nathalie.hebert@justice.gc.ca Telephone | Téléphone 613-957-3548 Facsimile | Télécopieur 613-957-9949



ment Gouvernement ada du Canada

Canadä

Page 127 is withheld pursuant to sections est retenue en vertu des articles

21(1)(a), 21(1)(b), 23

s.21(1)(a)

s.23

Wright, Laurie; Legault, Pierre; Patry,

Pentney, William

s.21(1)(b)

From:

Pentney, William

Sent: To: June-08-16 4:27 PM

Cc:

Wilson-Ravbould. Jodv

Subject:

Claudine; Noftle, Tracie; Lafleur, Eric;

Attachments:

FW: Document on C-14 (FINAL EN/FR versions)

Importance:

High

Minister:

Thanks

Bill

From: Patry, Claudine Sent: June-08-16 4:23 PM

To: Pentney, William <William.Pentney@justice.gc.ca> **Subject:** Document on C-14 (FINAL EN/FR versions)

Importance: High

Deputy,

Claudine

Pages 129 to / à 143 are withheld pursuant to sections sont retenues en vertu des articles

21(1)(a), 21(1)(b), 23

of the Access to Information Act de la Loi sur l'accès à l'information

Lafleur, Eric; Poliquin,

Pentney, William

From:

Pentney, William

Sent:

June-09-16 12:58 PM

To:

Wilson-Raybould, Jody

Cc:

Stéphanie; Patry, Claudine

Subject:

Fw: Man seeks euthanasia to end his sexuality struggle

Minister:

s.21(1)(a)

s.21(1)(b)

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Patry, Claudine <Claudine.Patry@justice.gc.ca>

Sent: Thursday, June 9, 2016 12:54 PM

To: Pentney, William

Subject: FW: Man seeks euthanasia to end his sexuality struggle

Claudine

From: Bindman, Stephen Sent: June-09-16 12:39 PM

To: Assad, Michael < Michael. Assad@justice.gc.ca>; Bolton, Kathy < kathy.bolton@justice.gc.ca>; Douglas, Michelle

<Michelle.Douglas@justice.gc.ca>; Ettel, Jeanette <Jeanette.Ettel@justice.gc.ca>; Frater, Robert

<Robert.Frater@justice.gc.ca>; Garskey, Adam <Adam.Garskey@justice.gc.ca>; Geh, Sarah <Sarah.Geh@justice.gc.ca>;

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- <Mylene.Tremblay@justice.gc.ca>

Subject: Man seeks euthanasia to end his sexuality struggle

By Jonathan Blake Victoria Derbyshire programme

- 5 hours ago
- From the section Europe

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Media captionThe 39-year-old seeking euthanasia said the hardest thing would be telling his family

A gay man in Belgium is trying to end his life because he cannot accept his sexuality. He told the Victoria Derbyshire programme he wanted to be granted euthanasia on the grounds of extreme psychological suffering.

Sébastien has thought carefully about the moment he hopes his life will come to an end.

"The moment when they put the drip in my arm - I'm not worried about that," the 39-year-old explains. "For me, it's just a kind of anaesthesia."

Sébastien, whose name we have changed to protect his identity, is from Belgium - where euthanasia has been legal since 2002.

There were 1,807 confirmed cases of euthanasia in 2013, the most recent year for which figures are available.

The majority of cases are elderly people suffering from terminal illnesses including cancer - only 4% were suffering from psychiatric disorders.

Euthanasia in Belgium

For physical illness two doctors must agree a patient can be euthanised

Psychiatric cases require three doctors to agree

Patients requesting euthanasia must be legally competent and conscious

They must also be making a voluntary request

And they must be suffering incurable, constant and unbearable physical or mental suffering

Sébastien has undergone 17 years of therapy, counselling and medication and believes he has no other option.

He claims to be attracted to young men and adolescent boys and is scarred from a difficult childhood; his mother was ill and there was a strict Catholic ethos.

"My whole life has led me to this, really," he says. "My mother had dementia, so I wasn't right, mentally.

"All that was instilled in me, so I was extremely lonely, extremely withdrawn, very inhibited physically - scared to go out, scared of being seen, all the time scared, hugely shy.

"And growing up, I met a boy and I fell crazy in love. We were both 15. And it was just unbearable for me, you know? I didn't want to be gay."

'Permanent suffering'

For Sébastien, or anyone else in Belgium who seeks euthanasia as an option, it is not as simple as asking a doctor and being granted a lethal injection.

The law states that patients must demonstrate "constant and unbearable physical or mental suffering".

In psychological cases, three doctors must agree that euthanasia is the right option.

Nevertheless, Sébastien remains determined to pursue it.

"I have always thought about death. Looking back on my earliest memories, it's always been in my thoughts. It's a permanent suffering, like being a prisoner in my own body," he says.

"A constant sense of shame, feeling tired, being attracted to people you shouldn't be attracted to - as though everything were the opposite of what I would have wanted."

There is widespread public support for the euthanasia law in Belgium and the number of approved cases has risen year by year since it came into effect in 2002.

In 2014, the law was amended to allow euthanasia for terminally-ill children.

But there is debate among the medical profession about whether it should be an option for people who are mentally ill.

Psychiatrist Caroline Depuydt, who works at the Clinique Fond'roy psychiatric hospital in Brussels, prefers to encourage patients to seek further treatment.

"We always have something that could work. Time, medication, psychotherapy - something that we must try and keep going with that. And the psychiatrist must give hope to the patient that it's never finished," she says.

"It's a very difficult law, it's a philosophical and ethical question, very deep and there is no one good answer."

Psychological problems

Each death as a result of euthanasia in Belgium is reviewed after the event by a committee of lawyers and doctors.

For Gilles Genicot, lecturer in medical law at the University of Liege, and member of the euthanasia review committee, Sébastien's case does not fulfil the legal criteria for euthanasia.

"It's more likely he has psychological problems relating to his sexuality. I cannot find a trace of actual psychic illness here.

"But what you cannot do is purely rule out the option of euthanasia for such patients.

"They can fall within the scope of the law once every reasonable treatment has been tried unsuccessfully and three doctors come to the conclusion that no other option remains."

Sébastien's request for euthanasia has been accepted initially, he now faces further assessments to determine whether his case fits within the law.

Asked whether there is any chance he will reconsider, or take a different path, he is sceptical.

"If someone could give me some kind of miracle cure; why not? But for now, I really don't believe it any more. And I'm too exhausted also, whatever may be out there."

Although he is calm - almost matter of fact - about wanting to end his life deliberately, he acknowledges the effect this will have on the people around him.

"The hardest thing now is telling my family. If I get a yes, that's what's going to be most delicate."

The <u>Victoria Derbyshire programme</u> is broadcast on weekdays between 09:00-11:00 on BBC Two and the BBC News Channel.

Stephen Bindman

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Government of Canada | Gouvernement du Canada

Lafleur, Eric; Poliquin, Stéphanie; Leclerc,

s.21(1)(a) s.21(1)(b)

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From:

Pentney, William

Sent: To: June-15-16 8:57 PM

Cc:

Wilson-Raybould, Jody

Subject:

Caroline;

Attachments:

Fw: Bill C-14 Speeches

Importance:

High

Minister:

Thanks

Bill

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Assad, Michael < Michael. Assad@justice.gc.ca>

Sent: Wednesday, June 15, 2016 8:54 PM

To: Pentney, William; Poliquin, Stéphanie; Leclerc, Caroline;

Legault, Yanike

Subject: Bill C-14 Speeches

Good evening,

Attached are the speeches for both the Minister and Mr. Casey.

Thank you,

Michael Assad

A/Director, Cabinet and Parliamentary Affairs Unit / Directeur p.i., Unité des affaires du Cabinet et parlementaires

Justice Canada 284 Wellington, room / pièce 4256 Ottawa (Ontario) K1A 0H8

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Téléc. / Fax: (613) 957-8382

Pages 149 to / à 171 are withheld pursuant to sections sont retenues en vertu des articles

21(1)(a), 21(1)(b)

of the Access to Information Act de la Loi sur l'accès à l'information

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 9:14 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

On Behalf Of

Sent: April 17, 2016 9:03 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the Bill C-14 legislation your government tabled on Thursday April 14.

I am very grateful for the protection in the legislation included for the vulnerable minors and those suffering mental illnesses and those who are deemed incompetent to decide for themselves. To all these we as a society owe the protection of their life and and dedication of our skills, compassion and funding to provide comfort and care especially when they despair of life. Excellent palliative, disability and mental health care for all Canadians (including the suicidal) should be our ongoing aim and increased funding needs to go towards this.

Competent, suicidal adults have choice in Canada to accept help with many life difficulties which are overwhelming (and we must be sure they are aware of and know how to access help) but should they persist in their choices are free to end their own lives by their own hand without being charged with a criminal offense. This is the freedom, the autonomy, the consent to their own death and what happens to their own body that is theirs. They must take responsibility to decide to do this in a timely fashion so it will be at their own hand, their choice at the time and not involve other people, professional or otherwise.

In consideration of this the new federal legislation, Bill C-14 needs to be amended to include provision for clear conscience protections for all health care professionals and facilities who object to assisting suicide, otherwise called medically assistance in dying. Those professionals and health institutions who have dedicated their lives to protecting, saving, supporting and improving life and easing the passage of death should not be forced by legislation, professional licensing bodies or threatened loss of funding against their will to step over the line to assist suicide, even of the dying.

If this bill is passed without amendments Canada will be the ONLY country in the world that does not provide legal protections for people who will not participate in medical assistance in dying /assisted suicide because of their personal and professional moral convictions and/or beliefs about what is good for the society at large. The rights of the above professionals and institutions need to be protected by the federal government. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that all Canadian health care professionals and health care organizations will be protected from coercion or discrimination.

Please carefully consider my concerns as these deliberations are conducted. I request that the amendments to this legislation will be developed to continue to respect and protect the vulnerable and to safeguard the

conscience rights of all Canadian medical, nursing, pharmacy professionals and health care facilities, including hospices, palliative care units, and home health services.

Thank you for your attention. I look forward to hearing from you should you wish to respond.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-19-16 9:25 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 19, 2016 6:24:22 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you because I am concerned with the legislation your government tabled on Thursday April 14. I am against this legislation. It erodes the principals that have built health care in this country because it is turning murder into a public good. This way of thinking will not be easily checked and will spread to vulnerable people as we saw in the committee's recommendations.

I want a health care system for myself and my children and future generations that will ensure protection against this false concept of "health care". When I see a doctor or go to a health facility, I want to be protected against any suggestion or coercion to have myself euthanised.

In order to protect us, the legislation needs to include clear conscience protections for health care workers and facilities. Many health care facilities and practitioners have established their practices based on the protection of life and the Hippocratic oath. This legislation, without conscience protection, would force people to act against their convictions or endure disciplinary action or even loss of career. Facilities and practioners must be free to chose not to participate in any way with something that is so opposed to their good convictions. Only with that protection can patients, like myself, in turn be protected.

It is shocking to think that if this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-21-16 2:58 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified formula

From:

Sent: April 21, 2016 11:57:28 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today as a nurse to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to this legalization. It is not right that people should be forced to participate against their deeply held moral convictions and in the case of health professionals their professional code of ethics, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions and their healthcare practices according to long standing professional codes of ethics. It is not good enough to say that the provinces will look after this because without our Canada Health Accord there is no guarantee that provinces & territories will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination. Additionally right of all Canadians to have a choice for ethical Hospice Palliative Care in settings free of the threat of lethal dosing is imperative.

It is not necessary to make dedicated physicians and healthcare workers put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience and the professional code of ethics by which they were trained or to force the closure of facilities that cannot provide medical assistance in dying. If these health care workers like myself are forced to leave the practice of medicine because of short-sighted policies, then patients will be unable to find the kind the preferred end of life CHOICE that this legislation is supposedly all about. I am also deeply concerned that facilities which cannot morally provide the medical assistance in dying that includes lethal dosing will be forced to close should they be required to do so by their provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the following

- 1) the vulnerable in Canada from coercion
- 2) the rights of all Canadians to a choice for ethical Hospice Palliative Care in an environment free of Lethal doses
- 3) the rights of all Canadian physicians, other health care providers and objecting facilities to conscientious objection of involvement with lethal dosing.

I urge you to revisit this legislation and ensure that my rights and the rights of all those who object to this legislation are also protected. The solution is to keep lethal dosing managed by arms length third party willing participants.

Thank you.

140013.

s.19(1)

Ministerial Correspondence Unit - Justice Canada

R16-013671 MCUEDS

F	rom:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

April-21-16 8:02 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada, Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received

: 14 Apr 2016 07:26:39 PM >>>

>>> Subject : Proposed Legislation on Physician Assisted Dying >>>>

Right Honorable Prime Minister, Honorable and esteemed Members and Special Joint Committee on Physician-Assisted Dying

Please forgive me if you have already received a copy of this message but I received a notification from my Server that it had not been sent.

As a motion for Physician Assisted Dying 'PAD' has now been Tabled for your vote, I find it extremely imperative, as a Canadian, to pass my submission on to you for your perusal. I realize that some of these suggestions have already been

Tabled and will likely encourage your disregarding them but I do trust you will continue reading what hasn't been included in the Press

Release:

Sadly, in this righteous starved world, I find it necessary to respectfully submit to you my suggestions, for the Proposed Legislation on 'PAD'. I believe this sad but historical Legislation in our dominion is the responsibility of everyone, and not just a few members, due to the fact that you represent those who voted for you and they in turn could be affected by the final decision that is reached. Also I believe the input of all of you is mandatory because you yourselves could be affected by this Bill one day, whether in person or indirectly.

I believe the following safeguards must be mandated to protect the Rights of ALL Canadians not just those who wish to die or Lobbyists who are hell bent on putting this Bill through regardless of those who oppose it.

1. The minimum Sentence for Filicide must be 10 years, upon conviction,

to prevent the mindset of parents thinking now that 'PAD' is legal, they can do away with their unwanted child and serve a few months in jail.

2. The minimum Sentence for

https://en.wikipedia.org/wiki/Parricide>

Parricide must be 15 years upon conviction for reasons similar to the above.

- 3. The minimum Sentence for breaching this 'PAD' Policy must be 25 years, upon conviction, to protect the vulnerable, and those wishing to die by natural causes only.
- 4. Physical suffering must be the ONLY legal criteria to even consider administering this procedure. Emotional, Mental or 'Spiritual' suffering

reasons must not be considered.

5. Requests for this procedure must be dated and implied by the patient

only and be expressed in writing or verbally (using technological aid if

necessary) with two neutral witnesses (no family, medical or business relationship whatsoever to the patient). Signatures of the patient (hand written or expressed verbally using technological aid where necessary) and witnesses, must be recorded in script and printed legibly.

- 6. The patient must be a minimum of 18 years old.
- 7. The patient must be deemed mentally capable and properly documented,

including dates and signatures as noted above, by three neutral (See Above)

relevant medical professionals to make such a request.

8. No Doctor or Nurse or other qualified medical practitioner must

be

mandated to perform the request against their conscience or personal conviction. This should be of utmost importance. Not only due to the fact any deviation from this is an adulteration of the Canadian Charter of Rights and Freedoms but it is also a huge blemish on Canadian fundamental Democracy that thousands of our Canadian Military personnel gave their lives for.

9. No Doctor, Nurse, or other qualified medical practitioner must

he

mandated to refer the patient to another who would be willing to perform the procedure. (See reason in #8) Furthermore there is a huge risk of Doctors being afflicted with PTSD (Search for 'Physician, heal thyself'

Press: BY SHERYL UBELACKER, THE CANADIAN PRESS, DECEMBER 8, 2015) where Dr.

Jeff Blackmer, CMA's vice-president of medical professionalism states Some colleagues have told him they are already experiencing symptoms of post-traumatic stress disorder, 'almost pre-emptively,' as they worry about the emotional and psychological fallout from terminating a patient's life for the first time. 'And I know doctors who are losing sleep about this and who have already started to talk to therapists about their feelings.'

the mandatory referral of a patient could easily incur PTSD

10. To protect the Rights of both Patients requesting this procedure and

Medical Personnel not wishing to perform or refer, a Registry of Doctors or Nurses or other qualified medical practitioners willing to do the Procedure must be available on line for the patient.

I trust you will carefully consider this submission again due to the indelible historical effect the Final Bill will have and which will never be forgotten, regarding this 42nd. Parliament of Canada.

I welcome any feedback you may have.

Respectfully,

X16-008733

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-21-16 9:47 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C14 - Death with Dignity

Attachments:

DWD - Submission.pdf

Sent: April 21, 2016 7:59 AM

To: Philpott, Jane - M.P.; Wilson-Raybould, Jody - M.P.;

Honourable Suzanne Anton; Honourable

Suzanne Anton

Subject: Bill C14 - Death with Dignity .

Please see attached - Thank You.

Death with Dignity

Bill C 14

Submitted To: The Honourable Jane Philpott MP

The Honourable Jody Wilson-Raybould

Submitted By:

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General Comment on Law and a Disturbing trend

"It is the case that in the practice of law, that the minutia tends to takes us away from justice, the big picture. In Canada we have a circumstance in play that has the erosion of fundamental law occurring at an alarming rate. If you have a deep belief in common law and its fundamental tenets that are the foundation of our system, then you will share my concern with respect to this disturbing trend, a trend that has expediency trump due process. There are a number of examples of this trend throughout the system, none more glaring however, than the BC Mental Health Act. An act that has drifted away from fundamental law, and that was drafted and is now administered is a manner that flouts common law traditions and the charter. We need to be very wary of the "tribunalisation" of legal process, as it has been applied here a number of ills have emerged; not the least of which is the stagnation of statute absent exposure to court process and alterations due to its administration in the face of precedent effect. We need to ensure that people have the benefit of the "full due process" that courts provide and complete protection from state power. We need to protect evidentiary process. We need to ensure that the standard of review is commensurate with state sanction. We need clarity in law. We need the absence of arbitrariness. Bill C14 as written puts far too much power in the hands of medical professions and negates due process - in much the same way the BC Mental Health Act. does. In fact the suggested modalities are less restrictive than the BC Mental Health Act. The BC Mental Health Act is bad law, and Bill C14 as presently written is worse, worse in functionality and lethal in outcome.

Bill C14 – General Comments

Introduction - Bill C14

DEATH WITH DIGNITY is a right, that should never have had to have been granted, but a right that is inherent in our humanness as determined by our ability to reason. The Charter of Rights and Freedoms holds as equity millions of lives and more than 300 years of toil, it is a beautiful document, it should be respected.

It is fundamental that an individual holds domain over mind and body, this is the paramount concern in drafting legislation of this sort and this legislation is failing in this concern. The recent attempt at DEATH WITH DIGNITY legislation is weak to say the least, it institutionalizes a personal choice, it makes arbitrary the decision to actuate "treatment", it fails to attend to legal review, it reduces the safety to the individual that exists now, it seems to preclude the right to offer written authority prior to events of ill health taking place and perhaps worse, it fails to subordinate itself to the Charter of Rights and Freedoms.

Offering Memorandum for Non-Qualifying Issuers Page | 2

Link to Bill C 14 http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&D ocId=8183660

Charter of Rights and Freedoms - Section 7

All legislation exists under the umbrella of Section 7 of the charter and all legal concern contemplates its application from the perspective of "reasonable" state intrusion on section 7 rights. The fundamental under pinning here is CHOICE. To be at liberty, is to be able to choose and when one chooses something absent harm to others, the state has no authority to intervene and where possible the state should facilitate a chosen action. There are moral concerns of a specific nature being forwarded in the resistance to this legislation and the manner in which choice to DEATH WITH DIGNITY has been "watered down" here. This represents gross intrusion on many fundamental rights that support an individual's autonomy.

Whose Decision is Death with Dignity

DEATH WITH DIGNITY is in no way a medical decision, the decision to die is a profoundly personal one, once the choice to seek medical aid to die is made, the medical decisions are in the actuation of the act – how, where when. The only impediment to the choice to end one's life should be the presence or absent of mental competency as determined by standardized legal tests for mental competency and under the presumption of competency. Rational people choose to live, unless affected by a complex of factors to choose to die; the perception of legitimacy of those factors as a rationale for choosing to die is a profoundly personal one and one that the state has no place to influence. So the state putting parameters on the reasons for seeking DEATH WITH DIGNITY breaches sections 7 rights. Medical personnel should be acting on the request of a rational person as opposed to their perception of reality. The determination of grievous and irremediable (medical) condition should lie with the person whose choice it is to make and if this was the case, the term of the condition would have no relevance.

Parents are Their Children's Guardians not the State

With this legislation the state imposes itself once again on the rights of parents to manage their children's lives in accord with their specific culture and values. There has been an increasing propensity for the state to encroach on parental choice, an offensive trend. Who better to manage the fate of a child than the ones that love them most?

Offering Memorandum for Non-Qualifying Issuers Page | 3

Semantics Matter - Death with Dignity & Suicide are Different

Suicide, as it is widely perceived, as an aggrieved person taking their own life at a moment of lost perspective, is by any measure an unreasonable act and should in no way be associated with a person seeking DEATH WITH DIGNITY measures.

People at Risk & Vulnerability - Judicial Review Essential

The only reason that vulnerable people are put a risk with DEATH WITH DIGNITY legislation is if you institutionalize the process. My making a choice to seek solution to use DEATH WITH DIGNITY measures, in no way imposes on another human being; save the emotional effect on love ones. When you place decision making in the hands of the state, then you expose vulnerable people to risk. The only barrier now to medically induced death in practice, is the opinion of two doctors, there is an absence of iudicial review - this is a very dangerous circumstance. There should be an expedited court functionality to facilitate rapid judicial review and opportunity of intervenors to offer weight to court deliberations in circumstances where mental competence is in question. In this way, if the event is being exercised against the interests of the person of subject, third parties can seek intervenor status – that is to say "trusties" may be authorizing medically induced death in circumstance where information is incomplete. If you choose to regulate this choice with law, you require LEGAL process to manage it, if you're going to insist this is an institutional decision then you require LEGAL process to manage it – two people saying it's okay is insufficient and it is arbitrary. It is better to insist that the "system" is required to respond to clearly stated wishes related to DEATH WITH DIGNITY and leave all legal and moral onus on the individual.

Prior Directives

It is essential that people be given right for prior directives or better, that prior directives are made mandatory and can be confirmed by family or designates. In doing so the state is barred from in anyway influencing the use of medically assisted death. The provisions provided make no mention of designates or family, it is conceivable, or functionally possible, that medically induced death could be implemented entirely by state actors or strangers, by the co-operative action of four or five people with no judicial review. There can never be a circumstance where a state actor or collection of state actors can facilitate the death of a citizen FOR ANY REASON, humane or otherwise, and most certainly never absent judicial review.

Authorization for Death with Dignity Measures

Authorization to for DEATH WITH DIGNITY measures should come from the person affected and no government institution should be provisioned the capability to make that decision on someone's behalf – functionally it could happen under this law. This being an essential part of crafting this legislation, it follows that it be mandatory that people provision documented directives in advance with their verification at the time of actuation OR verification by a designate; certainly absent advanced directives, judicial review becomes critically important.

Conclusion

The passion that I feel in regard to this issue is driven in large measure by my experience with my own mother, she expressed clearly to me on numerous occasions what her wishes were, she had a stroke and was incapable providing consent – this legislation would force me through the same scenario as I went through, having to let her dehydrate; a most inhuman circumstance.

I believe in Section 7 of the Charter of Rights and Freedoms, this government has forgotten that it has historical equity in the Charter of Rights and Freedoms and has failed to subordinate itself to the Charter of Rights and Freedoms and all our ability to hold domain over mind and body is diminished because of this.

Process Matters

Introduction

The following is discourse on the functionality of Bill 14 legislation that would ensure people can exercise choice AND would ensure that DEATH WITH DIGNITY stays entirely in the hands of people. Our country is institutionalized and people tend to forget that Canada is in no way collective citizenry, but rather, a collection of individuals. Thankfully now, with the Charter of Rights and Freedoms, individuals have choice and the government is compelled to provide it absent any influence other than to administer "interface" between people.

The critical element in this legislation is that functionality builds a firewall between the state administering "treatment" and the choice to access DEATH WITH DIGNITY measures. The present DEATH WITH DIGNITY process as posited by Bill C 14 is dangerous in the extreme.

Offering Memorandum for Non-Qualifying Issuers Page | 5

Prior Directives

"PRIOR DIRECTIVES" are essential in administering DEATH WITH DIGNITY measures, while provisions are required for persons absent PRIOR DIRECTIVES; PRIOR DIRECTIVES need to be a part of the mix. There are basically three management categories for people wanting DEATH WITH DIGNITY measures; PRIOR DIRECTIVE in place (no competency or competency in place), No PRIOR DIRECTIVE in place with competency and No PRIOR DIRECTIVE absent competency.

PRIOR DIRECTIVES need to be managed in a manner that informs medical personnel of DEATH WITH DIGNITY triggers and measures, in and for actuation, in a standardized way and the fact that there is Prior Directive in place (as opposed to the "document" itself) and must be registered centrally. In this way, if an event that removes mental competency occurs there are means in place to have people's wishes attended to and all relevant family and or designates informed.

The Registry would contain the fact there is a PRIOR DIRECTIVE in place and contacts provided by the patient at the time they registered. This facilitates strict privacy requirements AND allows for circumstance where people arrive to care absent mental competency to be cared for as they've directed. The registry would be managed by the respective jurisdiction or it could be nationwide and managed co-cooperatively if various jurisdictions if agreed.

People with PRIOR DIRECTIVES would have no requirement for court proceeding as the process precludes; an immediate assessment of choice, the application of institutional maleficence or other duress.

No Prior Directive

In the event a person wants to access DEATH WITH DIGNITY measures absent a Prior Directive and they have mental competency, then all the processes laid out in the present iteration of the legislation must be actuated PLUS, an expedited court process. The aforementioned registry could also serve as a gazette to notify people of pending court processes and requirements to notify next of kin must be in place. A special process measured in hours would require that a court process be initiated, announced via the gazette, reasonable effort to notify next of kin is made, opportunity for intervenors is provisioned and finally the order is provided. This order process would be similar to the "bench order process": very quickly executed, no hearing required, unless next of kin offered objection or someone applied for intervenor status.

Offering Memorandum for Non-Qualifying Issuers Page | 6

No Prior Directive No Competency

In the event that an individual enters care absent mental competency and absent a PRIOR DIRECTIVE, then all medically necessary measures to sustain life must be undertaken.

Conclusion

It must be emphasized that under no circumstance can state representatives of any kind in any number authorize the ending of life. The provision for two doctors' opinions absent judicial oversight is sheer folly and obscenely irresponsible from the perspective of vulnerable populations and the possibility of measures being misdirected in some way.

People have the right to choose their own course in life and in managing life's end, the state's only role here is to ensure that people's wishes are attended to and facilitated, that interface between conflicted parties is managed and that the vulnerable are protected. Bill C 14 is failing on all counts.

Divulgé(s) en vertu de la Loi sur l'accès à l'information

s.19(1)

A16 -013862 MCLE 05 14/0013

Ministerial Correspondence Unit - Justice Canada

From: Sent:

April-21-16 8:42 PM

1/n R16-013266

To: Subject: jody.wilson-raybould@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Concerns regarding Bill C-14

Dear Ms. Wilson-Raybould,

I want to thank you for the good work that you are doing in standing for justice in Canada I would like to share a few of my thoughts and beliefs regarding Bill C-14.

I highly value the sanctity of life, and am very concerned with the repercussions of the current proposed legislation around ASSISTED SUICIDE. So many lives hang in the balance of how our leaders craft this legislation and evidence from other nations, like Belgium and the Netherlands, show clearly that nations that began with strong restrictions traditionally quickly progressed to something else.

Here are some quick stats: Currently 1 in 30 deaths in Holland are now from euthanasia, Dutch doctors are saying that the "anguish of parents" is a good enough reason to euthanize a disabled child and studies have shown that in Belgium as many as 31% of euthanasia deaths were without consent.

I do not want to see Canada go down this path. I see us as a nation that highly values and regards the sanctity of life.

Please read the following points...

- 1-1 strongly oppose assisted suicide and would rather see our government invest into palliative care (compassionate care for those at the end of their life). Currently in Canada only 15-30% of Canadians have access to palliative care while the committee on assisted suicide recommended that assisted suicide be made available to all Canadians. What this means is that Canadians who otherwise might have chosen palliative care if it was available to them may choose assisted suicide instead. This is unjust. Canada must invest into palliative care for all Canadians before assisted suicide for all Canadians.
- 2- The Parliament of Canada just declared the youth suicide epidemic in northern Ontario a national emergency and yet the committee on assisted suicide recommended that it be made available to minors and those with mental illness. This sends mixed messages to the youth of our nation. On one hand we are saying, "Don't commit suicide." On the other hand we are saying, "We will help you commit suicide." We must work to create a culture of value for the lives of our young people. Assisted suicide should not be made available to minors.
- 3 Several surveys have shown that most medical professionals in Canada do not want to participate in assisted suicide. They should not be forced to participate IN ANY WAY (even by referrals) against their conscience. This is a breech of the Canadian Chartered right of Freedom of Conscience.
- 4 ALL other jurisdictions that have opened the door to assisted suicide have widened and widened it over time. This is concerning. The slippery slope is real.

Thank you for your time and care, wishing you and your team all the best as decisions are made in this regard.

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

April 22, 2016 11:45 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

Received: 18 Apr 2016 08:52:03 PM >>>

>>> Subject : PM Web Site Comments - Justice and Attorney General of Canada >>>>

s.19(1)

Date: 2016/4/18 20:51:49

Name/Nom:

E-Mail/Adresse électronique :

Comments/Commentaires: Dear Prime Minister, I'm really angry with Bill C-14. I've been a Liberal supporter for many years, and contributed significant funds to your party last year (well for me it was significant), because you were espousing values that I supported. Now I find that you have put forward half-baked legislation that quite frankly could have been developed by the previous neocons. This bill doesn't go far enough to meet the requirements of the Charter, and frankly it's very possible that Carter herself wouldn't have been eligible for assisted death under this Bill. I've heard from many lawyers on this issue, and there is a real likelihood that unless changes are made in the Senate, this Bill will be heading to Supreme Court all over again. This makes no sense and is completely irresponsible on your government's part. I'm also really angry that as a competent adult who will likely be facing some form of dementia in the coming years, that this Bill won't allow me to have my advanced directive complied with when the time comes. This puts us all in an ? untenable situation where we'll have to kill ourselves prematurely if we don't want to end up like a walking corpse if

diagnosed with dementia or Alzheimer's Disease. The lesson here, thanks to this Bill, is that when the time comes I'd better kill myself sooner rather than later. Plus, what's up with the 15 day waiting period? If someone with intolerable pain meets the criteria to receive assisted death, and then has to wait an additional 15 days because your government says this is in the patient's best interests, I have only one question for you - Are you sadists? You have really dropped the ball on this piece of legislation Mr. Prime Minister, and in such a spectacular way that I won't be giving any further funds to your party, and I'll be approaching the NDP to determine if I will be switching my allegiance and my vote. Sincerely,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

140013

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

April 22, 2016 2:39 PM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular, interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 17 Apr 2016 09:41:19 AM >>>

>>> Subject : PM Web Site Comments - Health, Canadian Northern Economic Development Agency and The Arctic Council >>>>

Date: 2016/4/17 9:41:09

Name/Nom

E-Mail/Adresse électronique :

Comments/Commentaires: Dear Prime Minister: I voted for you in the last election and I am deeply concerned about your plans to have assisted suicide in our country. I am a Catholic and I know you are too. Please consider the stance of the Church on this matter which is the following statement from Cardinal Collins: I would encourage all those who are troubled by the prospect of assisted suicide to continue to dialogue with their members of parliament, both at the federal and provincial level to: Prioritize effective palliative care for all, and support for those experiencing chronic suffering of any kind. We must especially offer love and compassionate assistance to those who are tempted to suicide. Protect health care workers across Canada who oppose participating in euthanasia/assisted suicide, either by doing it personally or by arranging for it to be done (that is, referring for these procedures.) Their conscience rights are protected under the Canadian Charter of Rights and Freedoms, and those rights must be respected in practice. In

protecting them, we protect those they serve. Protect health care institutions, hospices and long-term care facilities whose mission, vision, and values commit them each day to heal, not to hasten death. In a cold world of euthanasia, havens of hope are all the more needed. I hope that you will make the right decision in this important matter.

ş.19(1)

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Divulgé(s) en vertu de la Loi sur l'accès à l'information

Ila-013213 Mrv-File

140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-22-16 8:58 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Medical Assistance in Dying - Bill C-14

From:

Sent: April 21, 2016 6:02 PM **To:** Dabrusin, Julie - M.P.

Cc: Wilson-Raybould, Jody - M.P.; Trudeau, Justin - Député **Subject:** Fwd: Medical Assistance in Dying - Bill C-14

Ms.Dabrusin:

UNO Record in MCU

Apologies for inadvertently resending the message below. Please disregard the resend, which was an internal family message.

Thanks.

Begin forwarded message:

From:

Subject: Medical Assistance in Dying - Bill C-14

Date: April 21, 2016 at 5:21:16 PM EDT

To: Julie.Dabrusin@parl.gc.ca

Cc: Jody.Wilson-Raybould@parl.gc.ca, justin.trudeau@parl.gc.ca

Resent-From: 'Resent-To: Resent-Cc:

I attach below the email that I have sent to our local MP, copied to the Minister of Justice and the PM. I appreciate that these folks have their email reviewed and vetted by staff, but my fond hope is that it gets somebody's attention.

Keep up your good work, and remember: "Illegitimi non carborundum".

Cheers,

Ms. Dabrusin:

and am corresponding to express my deep concerns about Bill C-14, the legislation that the Liberal government has tabled in response to the Supreme Court of Canada's decision in <u>Carter</u> (http://scc-csc.lexum.com/scc-csc/scc-csc/scc-csc/en/item/14637/index.do?r=AAAAAQAGY2FydGVvAQ).

As you are no doubt aware, our Supreme Court ruled unanimously in the decision, and very clearly addressed the scope of the constitutional issue. The standard the Court set was clearly summarized at paragraph 127 of the decision:

"[127] The appropriate remedy is therefore a declaration that s. 241 (b) and s. 14 of the *Criminal Code_* are void insofar as they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life; and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition. "Irremediable", it should be added, does not require the patient to undertake treatments that are not acceptable to the individual. The scope of this declaration is intended to respond to the factual circumstances in this case. We make no pronouncement on other situations where physician-assisted dying may be sought." (my emphasis added).

The standard set in Bill C-14 is something quite different:

"Grievous and irremediable medical condition

- (2) A person has a grievous and irremediable medical condition if
- (a) they have a serious and incurable illness, disease or disability;
- (b) they are in an advanced state of irreversible decline in capability;
- (c) that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
- (d) their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining."

The draft legislation incorporates two new qualifications, not stipulated by our Supreme Court. I have highlighted them above, but allow me to reiterate – "... advanced state of irreversible decline..." and "...death has become reasonably foreseeable...". Both of these gating requirements in the draft legislation are conspicuously absent from the Supreme Court threshold I have noted above. It is plain that because the draft legislation creates a much more onerous threshold, it falls short of addressing the constitutional issue identified by the SCC. In fact it is obvious that this legislation, if enacted, will be void constitutionally because it still prohibits physician-assisted death where a Canadian citizen "has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition" but that condition is <u>not</u> in an advanced state and/or is <u>not</u> one where death is reasonably foreseeable.

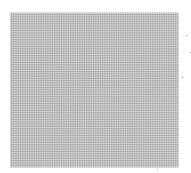
It appears that the legislation has been drafted as a "first step", one which is calculated to mollify the vocal opposition to physician-assisted death, and which will force the issue back to the Supreme Court because of these added conditions. When the Supreme Court inevitability reiterates the position that they have already clearly set out in <u>Carter</u>, the government will have "plausible deniability" when it then comes to redrafting the legislation and finally getting it right.

In that light, it is a cowardly initiative, and one that cynically disregards the suffering of people like as a matter of political expedience.

I expected better of this government, particularly as the Liberal majority is in no small part attributable to the fact that Canadian citizens had become totally fed-up with the cynicism and continuing resort to political expedients that was the hallmark of the predecessor government. This government enjoys widespread support because of its apparent willingness to grapple squarely with the important issues that confront us today.

Please don't squander that support by pursuing the path of least resistance on important issues, particularly when, as here, the suffering of Canadian citizens is the real cost. Please revisit this draft legislation, and amend it so that it reflects the clear directive mandated by our Supreme Court.

Thanks for your consideration.



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(WR16. 003563

A16-013218 MUEDS

Ministerial Correspondence Unit - Justice Canada

From: Sent: Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

April-22-16 8:49 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject: FW: "I don't get it."

Importance:

High

From:

Sent: April 21, 2016 11:19 PM

To: Trudeau, Justin - Député; Wilson-Raybould, Jody - M.P.

Subject: "I don't get it."
Importance: High

Prime Minister Trudeau, Justice Minister Wilson-Raybould,

I watched the news conference with Lee Carter and BCCLA about Bill C-14. I am upset. It is so unfair what that family went through. It is so unfair what they are still going through. Terrible.

Mrs Lee Carter, daughter of Kay Carter spent half a decade in various courts and won at the Supreme Court of Canada yet C-14 would deny her mother the right to a physician-assisted death. I don't get it.

In my optimism and naivety, I really believed Bill C-14 was supposed to respect the SCC decision in Carter v. Canada and the Charter of Rights and Freedoms. It does not.

Your government appointed the Special Joint Committee on Physician Assisted Dying. They issues a report with 21 recommendations. C-15 addresses maybe 6. It begs the question why did you bother to have a committee if you had zero intention of taking any advice?

I don't get it.

Ref: http://www.cbc.ca/news/politics/doctor-assisted-suicide-bill-carter-family-speaks-out-1.3546472

Respectfully,

Liberals should amend doctor-assisted suicide bill to respect top court ruling. Carter famil... Page 1 of 3

Liberals should amend doctor-assisted suicide bill to respect top court ruling, Carter family says

Family says proposed legislation doesn't meet minimum requirements laid out by Supreme Court

By Susana Mas, CBC News Posted: Apr 21, 2016 11:49 AM ET Last Updated: Apr 21, 2016 7:56 PM ET

The family of the late Kay Carter, a woman at the centre of a legal battle over doctor-assisted suicide in Canada, is calling on the Liberal government to amend Bill C-14 to lift the restrictions on what constitutes a "grievous and irremediable" illness.

Bill C-14 proposes to <u>restrict medical assistance in dying</u> to mentally competent adults who have serious and incurable illness, disease or disability.

- Doctor-assisted dying legislation to be debated in the Commons Friday
- · Doctor-assisted dying bill restricted to adults facing 'foreseeable' death
- · Read the text of bill C-14 on medical-assisted dying

The Carter family says the Liberal's proposed legislation does not meet the minimum requirements laid out by the Supreme Court of Canada.

The proposed legislation sets out safeguards to protect vulnerable Canadians, but does not include some of the most contentious recommendations from a parliamentary committee, including extending the right to die to "mature minors" and the mentally ill, and allowing advance consent for patients with degenerative disorders.

Instead, Bill C-14 restricts medical assistance in dying to adults "suffering intolerably" and whose death is "reasonably foreseeable."

'I am shocked that this government's proposal would exclude the very case this issue was tried on.'- Lee Carter, daughter of the late Kay Carter

Lee Carter said her mom suffered from spinal stenosis, a condition that wouldn't kill her but would leave her paralyzed.

"She did not have a terminal illness and she wasn't dying, but she was experiencing unimaginable suffering that could have lasted for many more years," said Carter on Parliament Hill Thursday.

"But now under the proposed legislation for a medically assisted death In Canada, Kay Carter would not qualify."

"I just don't get it," said Carter. "I am shocked that this government's proposal would exclude the very case this issue was tried on."

'Poorly drafted, unconstitutional'

The Carters were accompanied by Josh Paterson from the B.C. Civil Liberties Association, the group that brought the case to the Supreme Court on behalf of Kay Carter and Gloria Taylor, who has also died since the legal battle began. Both women had degenerative diseases and wanted the right to have a doctor help them die.

Liberals should amend doctor-assisted suicide bill to respect top court ruling, Carter famil... Page 2 of 3

"We call on Parliament to amend this bill to ensure that it respects the Carter decision and that it does not exclude people whose death will not result from their illness," Paterson said on Thursday as he stood alongside Carter and her brother Price Carter.

'It is unacceptable for this new law to say that some people should simply endure suffering because their illness isn't terminal.'- *Price Carter, son of the late Kay Carter*

Paterson said the government should delete "the poorly drafted, unconstitutional" section of the bill that defines "a grievous and irremediable" illness.

"There are multiple other amendments that we may wish to have besides, but the key to get it to respect [the Carter decision] — as opposed to broader respect for the Charter in terms mental illness and mature minors — the key issue is in that definitional section of this bill. And that needs to go."

Paterson said the current bill "is worse" than what the Carter family had achieved in Carter v. Canada.

'Time for society to let people go'

"Kay Carter was my mother too," said Price Carter, who took a deep breath before addressing television cameras.

"Canadians should be angry that this legislation restricts the definition for who dies and who suffers," he said.

"It is unacceptable for this new law to say that some people should simply endure suffering because their illness isn't terminal. It is not for the government to tell them that they must be forced to go on living."

Carter said the current legislation would condemn Canadians to "unending suffering."

"It's time for society to let people go, like my mother got to go," said Carter with his voice breaking at times.

On Wednesday, Prime Minister Justin <u>Trudeau defended the government's proposed legislation</u> as a "responsible first step."

"I'm confident that the reflections on this issue, which are important and in my case personal, will bring us to a place where people recognize that the question isn't whether we ought to legalize medical assistance in dying, but how," Trudeau said in French.

"The step we have taken, is a responsible first step," the prime minister said.

The Carters are not the only ones who have raised concerns about the government's proposed legislation on medical assistance in dying.

NDP Leader Tom Mulcair has said though he will support the bill, the government should refer it back to the Supreme Court because there are "some shortcomings."

Liberal backbench MPs have also begun <u>calling for some changes</u> after receiving feedback from their constituents.

Liberals should amend doctor-assisted suicide bill to respect top court ruling, Carter famil... Page 3 of 3

Conservative leadership hopeful Maxime Bernier said he's in the process of consulting his constituents before deciding how to vote.

MPs will begin debating the legislation in the House of Commons Friday.

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K16-013253

Ministerial Correspondence Unit - Justice Canada

From: Sent:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca> 14013

To:

April-22-16 2:08 PM Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Assistance

s.19(1)

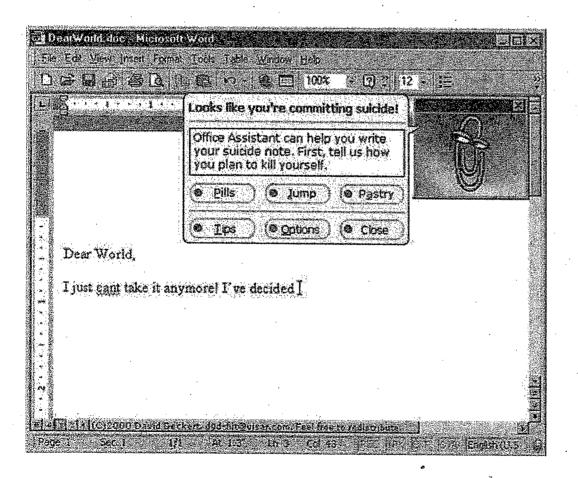
From:

Sent: April 22, 2016 2:07 PM

To: Wilson-Raybould, Jody - M.P.; Trudeau, Justin - Député; Prime Minister's Office

Subject: Assistance

Both the charter and the bill of rights have it as a right to life unless deprived thereof by fundamental justice and due process, as a lawyer you must certainly know this and also that section 2e of the bill is specifically upheld by the supreme court therefore any assisted dying case requires a court hearing or it's an unlawful death.



R16-013277 MILLE 08

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-22-16 8:58 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Medical-assisted Dying and Bill C-14

s.19(1)

From:

Sent: April 21, 2016 6:04 PM

To: Trudeau, Justin - Député; Philpott, Jane - M.P.; Wilson-Raybould, Jody - M.P.; Black, Doug :Sen; McCoy, Elaine :Sen;

Mitchell, Grant :Sen; Tannas, Scott :Sen; Tardif, Claudette :Sen; Unger, Betty :Sen

Subject: Medical-assisted Dying and Bill C-14

Dear Mr. Trudeau, Ms Philpott, Ms. Wilson-Raybould, Mr. Black, Ms. McCoy, Mr. Mitchell, Mr. Tannas, Ms. Claudette, and Ms Unger:

My reason for writing is to let you know how deeply disappointed and concerned I am with the proposed legislation brought forward in Bill C-14. I had thought that the Liberals had promised during their campaign that all pieces of legislation brought before the House of Commons would be in compliance with the Canadian Charter of Rights and Freedoms, but this bill is narrow and, in my opinion, discriminatory. In my mind, and in the minds of many people with whom I have spoken, this legislation falls short of what the Supreme Court ruled in the Carter decision. Does it even comply? I wonder whether Kay Carter would even qualify for assistance in dying under this proposed legislation! The legislation would not even come close in many respects to what the all-party Joint Committee on Physician-Assisted Dying recommended.

Before I continue with my objections to the proposed legislation, I would like to acknowledge a few important positives I have taken from the Bill:

- Allowance for self-administration and for the patient to die at home,
- The bolstering of palliative care (very important),
- Penalties for not respecting a patient's wishes.
- Working with provinces and territories to ensure similarities in practices across the country.
- Exemptions for medical and nurse practitioners and pharmacists to provide assistance in the dying process.

Now I would like to emphasize the issues I have with the legislation.

- Non-terminal Illnesses:
 - It does not respect the wishes of the majority of Canadians, but appears to cater to strong, loudly spoken few. It is far too restrictive. The criteria of death being "reasonably foreseeable" is very troublesome. It could mean that someone who is suffering grievously and irremediably, but not necessarily dying in the foreseeable future, with a degenerative disease may not have access. The restriction does not follow through with the spirit and real meaning of the Supreme Court ruling, nor the recommendations by the Joint Committee. How terrible! That would be going right back to forcing individuals once again to take their own lives prematurely and alone. (I know someone who last year had to do just that.) It could also lead to someone starving and dehydrating her/himself so they are near death (like the recent case in Sherbrooke, Quebec). These individuals would be denied access to their right under the Charter to an assisted death.
- Advance Consent:
 - I am dismayed that people receiving a diagnosis for a terrible degenerative disease, such as Alzheimer's or Huntington's, would not be given the option to make advance requests for assisted dying while still competent to do so. They would be forced to make the terrible choice of accessing assisted dying too early, while still competent, or risk waiting until it is too late. If it were me, I would take the option of dying too soon.

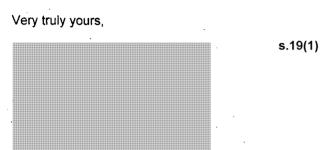
Also if a patient must be competent at the time of the request **and** at the time of the assisted death itself, this could mean the individual scheduled for an assisted death on a specific day, but goes into a coma the day before, will no longer qualify. Is that fair? Does that respect the patient's wishes?

I think it important to keep in mind that the Dying With Dignity Canada-Ipsos Reid 2016 poll, showed that 80 percent of Canadians support allowing individuals with a diagnosis for a condition that is or will become "grievous and irremediable" the option make advance requests for physician-assisted dying. Poll after poll have indicated the majority of Canadians are not only in favour of physician-assisted dying, but in having the option to make advance

requests. Both the Provincial-Territorial Expert Advisor Group on Physician-Assisted Dying and Parliament's Special Joint Committee on Physician-Assisted Dying endorsed the right to advance consent.

In addition to the above, I would like to express how I feel about doctor referrals and institutional obligations. These issues may not be on the federal agenda and be left to provincial and territorial jurisdictions, but I think they should be mentioned. Doctors are opposed to assisted dying should of course not be forced to provide it. However, I do think the patient's needs and right to care cannot be ignored. Doctors should be required to provide effective transfer of care to a provider, or at least refer the patient to a third-party referral agency if one is available. I also believe any publicly funded institution should be obligated to provide a full range of services, as some locations have very limited facilities. Effective referral procedures and assurance that assisted dying be allowed in all publicly funded healthcare facilities need to be developed.

Please do not allow Canadians to be discriminated against on the basis of their diagnoses. The majority of Canadians, including me, are asking for their rights to be in compliance with the Supreme Court's unanimous decision in Carter v. Canada and under the Charter of Rights and Freedoms.



This email communication is confidential and private to the intended recipient(s) only. It may not be otherwise distributed, copied or disclosed. If you are not the intended recipient(s), please notify me at the telephone number shown above or by return email, and please delete this communication and my copy immediately. Thank you.

RG-013410 movEDS 24 April 2016

Dear Minister Wilson-Raybould,

140013

(form Hr)

We are writing you today to express our concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like us are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like us will be unable to find the kind of doctor that we would like to have. We are also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider our concerns as these deliberations are conducted. We request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

see altached

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000205

RIG-013355 MCUEDB 140013

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

April-25-16 4:17 PM

To:

Ministerial Correspondence Unit - Justice Canada

Cc:

'Prime Minister/Premier Ministre';

Subject:

Proposed legislation - C-14 Section 241 (2)

While I applaud the sensitivity of the Hon. Minister, the Rt. Hon. P. M. and others for their efforts to address Assistance in Dying I am very concerned that the proposed legislation will continue to violate rights under the Charter and will not comply with the Ruling of the Supreme Court.

The Charter of Rights and Freedoms of Canada in Section 7 provides security of the person. I believe that as such I have the right to avoid having to be in "insufferable pain". I believe that if I reasonably expect to become in insufferable pain that I have the right to terminate my life at a time of my choosing and not have to wait for oncoming death or irremediable pain.

Why should any Canadian be forced to get to irremediable pain before choosing to leave their lives behind? There is no benefit to society or any person in insisting on such a situation for any Canadian.

I do not think I will go through the criteria proposed in the legislation.

It is my intention, regardless of legislative restrictions or other infringements on my choice of life end to choose the time, place and method of ending my life.

I do this in full knowledge of the nature of such a choice and with satisfaction that my whole life experience, wonderful as it has been will end without a period of horrible pain or illness.

May you consider all the people who wish not to have to be in suffering and grant, within Bill C-14 the right for them to choose and have any needed medical support for their end.

Sincerely,

But definitely making clear my intention to choose for myself as a person when to go off into the still dark night of death.

----Original Message-----

From: Prime Minister/Premier Ministre [mailto:PM@pm.gc.ca]

Sent: April 25, 2016 3:03 PM

To:

Cc: Jody Wilson-Raybould, P.C., M.P.

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

s.19(1)

>>>	From	ı: Received	: 19	Apr	2016
05:03	1:10 P	PM >>>			

>>> Subject: Assisted dying -- a needed improvement but the law proposed is not adequate yet. Plus memories of y >>>>

Dear Justin:

I am and celebrate the great work you are doing for the country.

I do not think a person should have to be in intolerable pain before being able to exercise their control of their end of life. I have so far had a fantastic life and hope it will continue.

If I find that my death will be a miserable, painful experience with lose of quality of life then I plan to end my life with dignity at the time of my own choosing.

Surely if I am fine until 89 or 100 and then get told I will die horribly then I should be able to choose to die gracefully before the horrors start.

Regardless of what the legislation eventually says I have already made my wishes well known. I would not want to have to go to the court to get

permission for assisted death as that time will be something I want to use as I choose. Hopefully it will be for a nice hike up in the Gatineau hills at 100 years of age.

YOUR PREDECESSORS I have had the pleasure of meeting the following Prime Ministers at one time or another:
I have had the pleasure of meeting the following Prime Ministers at one time or another:
·
s.19(1)
John Diefenbaker.
Lester Pearson (not sure if I met him but I sat in the House and listened to the Flag Debate.
Pierre E. Trudeau - He brought greetings from 'the eternal warmth of Canada'.
John Turner - Was our M.P. at one point and
Joe Clark - not sure.
Kim Campbell -
Brian Mulroney . I don't remember meeting him.
Jean Chretien.
Paul Martin. An interesting political history and I did not meet him.
S. Harper. No.
Justin Trudeau.

Our political system is one to be proud of and I thank you for your

commitment.

I wish you the absolute best and may you always keep family first as you do our heavy lifting for us all.

s.19(1)

No virus found in this message. Checked by AVG - www.avg.com

Version: 2015.0.6189 / Virus Database: 4563/12099 - Release Date: 04/25/16

No virus found in this message. Checked by AVG - www.avg.com

Version: 2015.0.6189 / Virus Database: 4563/12099 - Release Date: 04/25/16

R16-013552 MILLEUS 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-25-16 10:37 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

From:

Sent: April 24, 2016 6:00 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

Judging from public comments you are reported to have made, I get the impression that you do not favour assisted death. Everyone is entitled to their belief. However, as a public official and particularly as the Minister of Justice, it is your duty to ensure the will of the democratic majority is codified in the statutes. What you have allowed to be created and publicly support is an insult to democracy.

Regards

The following 5 email addresses received this email in addition to the Senators.

Neil.Ellis@parl.gc.ca (my MP)

Jane.Philpott@parl.gc.ca (Minister of Health)

Jody. Wilson-Raybould@parl.gc.ca (Minister of Justice and Attorney General of Canada

The following was sent to all Ontario Senators.

Please respect the time and thought that went into the letter below that I sent to Justin Trudeau directly. I would ask that you bring its contents to his attention so this bill can be fixed without further delay of service to those who wish to exit life with grace and dignity and also for those who want to specify their wishes while they are healthy so they can be carried out if they are suddenly rendered incompetent. Lawyers currently draft our wills and powers of attorney that are legally recognized. Why not an advance directive? I would appreciate a reply on the contents of the letter.

With Regards



80 Wellington Street

Ottawa, On

K1A 0A2

s.19(1)

Attention: Justin Trudeau, Prime Minister

I realize I am only one of millions of Canadians but my voice, my opinion deserves to be heard according to the Supreme Court of Canada.

I've read the entire proposed Bill C-14 and some related articles. The Justice Minister indicated it might be "troubling for some" but it was an "historic day". It's "troubling" for less than 15% of the population of Canada so I suspect her personal beliefs do not agree with the Supreme Court. I agree with the historic statement. Over 23 years ago Sue Rodrigues championed the right for Canadians to make their own end-of-life decisions, 85% of Canadians now want that right, a unanimous decision by nine Supreme Court Justices supported that right last year and then hundreds of thousands of taxpayer dollars were spent on a committee whose recommendations upheld that decision and all were ignored. The legislature should hang their head in shame. In a democracy, as society changes the legislature is supposed to write the statutes to reflect that change. Kay Carter, couldn't qualify under this bill. This is a travesty. As Prime Minister, you have the power to honour those that sacrificed so we could live in a democratic country that enshrines the will of the majority.

The implication I get from reading this bill is that Canadians are too stupid to know what they want and/or are too gullible and might get talked into what they don't want.

The Supreme Court ruling solved my dilemma and offered the "security of person" guaranteed under the Charter. I felt incredible relief. Now I question the fate of democracy in Canada.

Justin Trudeau I am disgusted and so totally disappointed in you. You have allowed the Minister of Health, an acknowledged Mennonite, a religion that does not believe in assisted death, to be involved in this legislation. She should have removed herself due to conflict of interest that is against 85% of the wishes of Canadians. You allowed the recommendations of your own committee to be ignored. If I was a health care professional I would be afraid to participate given the wording of responsibilities and repercussions. The final insult is the indication that the Senate and/or the House of Commons will strike a committee to review this statute **BUT not for five years after royal assent**.

When I reach that decision I want only to arrange the date and time with my doctor, say goodbye to family and friends and exit. I also want the security of knowing that should I be rendered unaware of my condition, my documented wishes will be carried out.

Step up. Rewrite this legislation to reflect the democratic majority of Canadians and instruct the members to vote according to the will of their constituents and not their personal beliefs. Make the necessary changes to this Bill before it goes any further. You referred to the need for "robust safeguards"...... maybe. But include a subsection that allows my advance directive to bypass what I consider to be bureaucratic roadblocks and give my doctor and anyone associated a complete and total pass on any and all legal and civil action for supporting my choice.

Sincerely

s.19(1)

RIG-013470 MICCE. 08

Ministerial Correspondence Unit - Justice Canada

140018

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April 25, 2016 10:05 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: physician assisted dying

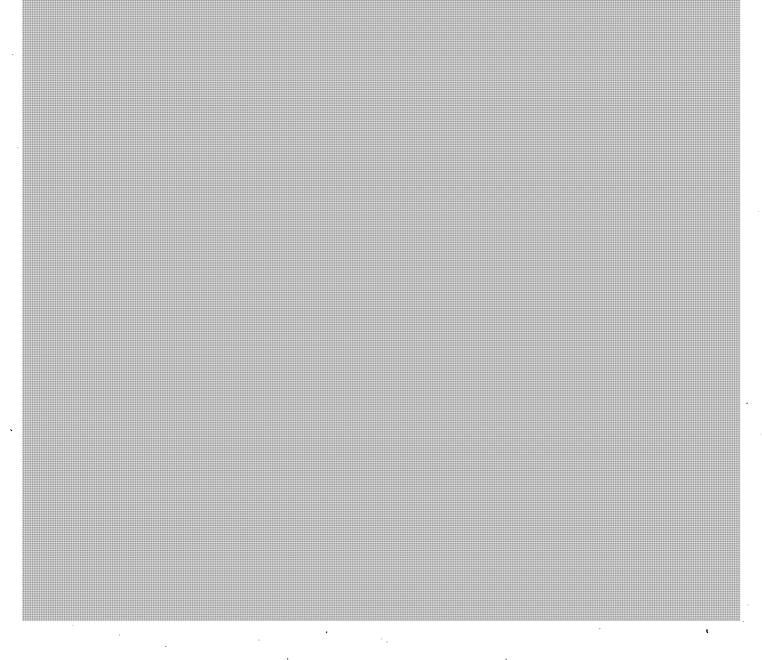
From

Sent: April 23, 2016 1:56 AM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.; MacGregor, Alistair - M.P.; Trudeau, Justin - Député

Subject: physician assisted dving

I'm reaching out today to urge you to help fix Bill C-14, the federal government's incredibly flawed proposed legislation for assisted dying.



s.19(1)

We all feel cheated by the lack of proper legislation! Unfortunately, the bill as written at this time, would not have helped her and the many others that wish this choice. If the bills passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please amend Bill C-14 to put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.

s.19(1)

"I am thankful for existence today. I am grateful for where my life is, at/in this moment."

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'acces à l'Informatio

RIG. 61331

Ministerial Correspondence Unit - Justice Canada

140013

7.6

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April 25, 2016 9:54 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada

FW: Help fix the government's flawed assisted dying bill

s.19(1)

From:

Sent: April 22, 2016 3:51 PM

To: Wilson-Raybould, Jody - M.P.;

Subject: Help fix the government's flawed assisted dying bill

Dear Ms. Wilson-Raybould,

Please fix this bill so it will apply to those with ALS and Alzheimer's, two illnesses that I am most concerned about.

As a concerned resident of the province of Ontario, I'm reaching out today to urge you to help fix Bill C-14, the federal government's incredibly flawed proposed legislation for assisted dying.

If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please amend Bill C-14 to put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.

Yours	sincere	ly,	•
Yours	sincere	ly,	

Released under the Access to Information Act / ilgé(s) en vertu de la Loi sur l'accès à MCUEP5

140013

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre < PM@pm.gc.ca>

Sent:

To:

Cc:

Subject:

April 25, 2016 10:57 AM

Justin Trudeau

Ministerial Correspondence Unit - Justice Canada; Jane Philipott, P.C., M.P.

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

Received: 18 Apr

2016 09:22:08 PM >>>

>>> Subject: I support conscience rights & the protection of the vulnerable. >>>>

To Prime Minister Trudeau

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation.

Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held

convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

April 25, 2016

The Honorable Jody Wilson-Raybould Minister of Justice House of Commons Ottawa, Ontario K1A 0A6 MINISTER OF JUSTICE MINISTRE DE LA JUSTICE 2015 NAY - 4 P 3: 26 RECEIVED/REÇU

form It walled

RE: THE REPORT OF THE SPECIAL JOINT COMMITTEE OF PHYSICIAN ASSISTED DYING – RECOMMENDATIONS #13

Dear Hon. Jody Wilson-Raybould,

I am writing on The Report of the Special Joint Committee of Physician Assisted Dying making reference to Recommendations #13, "That physicians, nurse practitioners, and registered nurses working under the direction of a physician provide medical assistance in dying."

Euthanasia (Assisted Suicide) goes against the nature of the healing professional. To be a professional is to be involved in a moral undertaking.

The Charter of Rights and Freedoms- "which says they cannot be discriminated against and that their freedom of conscience" must be protected. It is not necessary that the majority of Canadian accept or agree with their position; this country is based on tolerance of minority perspectives and diverse viewpoints."

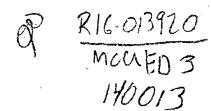
Let me speak about my personal experience as a Catholic caregiver. I strongly stood for the preservation of my patient's life but I was only an ordinary caregiver who respected and followed my patient's registered nurse and physician's direction or instruction for my patient's medicine intake and personal care. I had no power or could revoke the decision my patient's family and her physician consented to terminate her precious life. I happened to witness a life's gone because of aging and a lingering disease. I concluded then it's not about my being a Catholic (my patient's family happened to be Catholic, too) that would cause my patient's life to end but it's about her age and lingering disease that the family's tough decision would come about.

The question is, will health care workers be able to work in the medical field according to their conscience? Or, will they be legislated to assisting in suicide?

I appreciate your prompt reply.

Sincerely yours,

The Henoralle Jody Wilson-Raybould Drinester of General Smeaker House of Connions XIA OAG



April 25, 2016

The Honorable Justice Minister Jody Wilson-Raybould:

I am writing you today to express my deep concerns with the legislation of Bill C-14 your government tabled on Thurs, Apr 14. It is imperative that clear conscience protections for health care workers and facilities be set in place. Many people, including myself, are opposed to this legislation. It is unconstitutional that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments, Canada will be the only country in the world that does not provide legal protections for those who cannot participate in medical assistance in dying because of their moral convictions. There is no guarantee that the provinces will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms, ensuring caregivers and their organizations will be protected from coercion and discrimination.

Why should physicians and health care workers be forced to put their careers on the line ad open themselves to professional disciplinary action simply because they wish to follow their conscience? Why should the closure of facilities be allowed because they cannot provide medical assistance in dying? We need dedicated and caring health professionals we can put our trust in.

There should also be restrictions on who would be allowed to assist in aiding an assisted death. Under Bill C-14 anyone other than medical or nurse practitioners have no obligation to report the circumstances. This could also give protection to those who desire to encourage patients towards doctor-assisted death. This is an opportunity for abuse, even from family members.

This bill requires that the same two independent physicians or nurse practitioners who do the killing will also file the report after the procedure. This is not acceptable because if there is any incompetence or coercion, no one else would ever know about it.

I urge you to carefully discern my concerns as these deliberations are conducted. We need to respect and protect the vulnerable, as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you,
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S.19(1)

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RECEIVED/REÇU

Justone Minister Jody Wilson-Raybould.
House of Commons
OHawa, Ont
KIA DA6

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

To:

April 25, 2016 4:26 PM

Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

Received: Apr 16 2016 2:38:09 AM >>>

s.19(1)

Date: 2016/4/16 2:38:05

Name/Nom:

E-Mail/Adresse électronique

Comments/Commentaires: Mr. Prime Minister I would like you to know that I was born in this country _____/ears ago and I am absolutely against doctor-assisted suicide. Experience in Belgium and the Netherlands has shown that allowing doctor-assisted suicide is a slippery slope. In these two countries killing by doctors has now spread to the young and those affected by depression and other forms of mental illness. What a travesty!

Doctors took an oath to preserve life not to destroy life. Life is sacred and no one has the right to take or assist in the taking of someone else's life. I disagree vehemently with any law permitting doctor-assisted suicide, I am mystified as to why Canadians have to defer to the judicial branch of government on an issue that affects all Canadians. Canadians should be allowed their say on this critical matter through a national referendum. An open debate on the matter is critically important and it should not be left in the hands of a few judicial experts and government bureaucrats.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-25-16 10:18 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject: FW: B

FW: Bill C-14 Unsafe and Needs Conscience Protections

From:

Sent: April 24, 2016 7:51 AM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Unsafe and Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14:

241 (5) very dangerous and permissive.

241 (6) very dangerous: all pre-meditated crimes are based on reasonable but mistaken belief. How can we dare allow these crimes to be exempted!?

241.2 (1) (a) not enough to prevent assisted-suicide tourism from happening.

241.2 (3) (g) very dangerous and ambiguous too: especially by giving the possibility of a shorter period than 15 days to provide the death.

241.4 (1) what kind of forgery this section refers to? otherwise, prisons would be overloaded by doctors/nurses...

241.31 (1) and (2) these sections sound like "obligation to referral"? (unfair)

There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization (*latest public survey and statistics by Public Square Research*, March 2016). It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is **unfair and very dangerous** to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience, or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider these concerns (of the majority of Canadians, according to the latest public polls) as these deliberations are conducted. I request that whatever amendments to this legislation are developed, preserve our Canadian decent values: respect and protect the vulnerable and all lives, as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities. Thank you.

(/w R16-61229)

Divulgé(s) en vertu de la Loi sur l'accès à l'information M(UED5 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-25-16 10:16 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C 14

s.19(1)

From:

Sent: April 23, 2016 3:33 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C 14

Dear Minister,

As a concerned Canadian citizen I'm asking you today to help fix Bill C-14, the flawed proposed legislation for assisted dying.

— The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" when death will occur?

I consider this restriction violates my right under Section 7 of

the Charter.

-- The clause denying advance requests is also unacceptable.

This was denied so now the memories of his children and grandchildren of a warm, caring, funny man are overlaid by the dribbling, diapered, unknowing shell that he became.

Please do not allow this Bill to pass before it is amended to honor the spirit of the Supreme Court's ruling.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-25-16 11:24 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From

Sent: April 25, 2016 8:23:40 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation for Medical Assistance in Dying.

I am pleased that this legislation limits the option of medical assistance in dying to competent adults and that Prime Minister Trudeau is permitting a free vote among members of the Liberal Party.

My specific concern is with the lack of clear conscience protections for health care workers and facilities. Many people, like me are opposed to Euthanasia. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-25-16 10:13 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 25, 2016 /:13:16 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

Having suffered long and hard in many aspects of my constitution and life, I detest the idea of the legalization of this bill. There are times in the midst of suffering acutely I felt like giving up. Feelings of being minus an absolute zero came to torment me.

Nevertheless, with a kind word, and with support of people who I knew care for me, whether it be a family member, a friend, or a member of my community, or to see people who are suffering, too, and are visually a lot worse of than I am bravely enduring conditions which hurt and oppress them, I understand that this bill dehumanizes suffering.

Suffering, my lifetime companion, elevates the humanity, it has for me. It has built my life up and has helped me see my life as not terminating at the end of my death, it has helped me know that I carry with me a legacy.

We as life, as beings, like any other life or being, have within us never to give up, and to help other members of species to survive. Yet, with the capacity to make decisions, we now have the choice to die.

When we make these decisions like dying by our own free choice, it's in our weaker moments. We are to be happy with whatever life we live, for to have our consciousness united to the rest of breathing things is of incredible value, for we will never know what lies beyond that point of death, for us as persons.

To make the choice to die, is a termination of hope. The removal of life is a destruction of hope on every level, human, national, communal, family, and one's own. It's a permanent solution for a temporary problem, one should never desires this, no matter how far gone one is.

Even one's suffering is is chronic and acute, like sufferings, and'I do use plural because I have many, are if we were to show that we care others, a kind word, a smile, a hug, or a letter of love, then we would boost the moral integrity. My life has improved just by the small touches of love that have accompanied me throughout my life beyond the horrors that I've seen.

The value of life ought not to be removed. If it does it defames our own nation's people by desecrating our very own citizens whom as varied as they may be ought to be cared for by life and love not death and final solutions by a morbid and ever looming option in the minds of those who suffer.

This morbid option, if forced from the destruction of freedom for the sufferer because the doctor/nurses would be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 4:59 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From

Sent: April 26, 2016 1:58:29 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you to express my concerns about the protection of the vulnerable as well as CONSCIENCE RIGHTS for Canadian physicians (NURSES, PHARMACISTS, HEALTHCARE WORKERS) who refuse to participate in controversial procedures like assisted suicide/euthanasia. While I am opposed to any form of assisted suicide I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case.

I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' (NURSES, PHARMACISTS, HEALTHCARE WORKERS) conscience rights, NOR DOES IT CLARIFY THE SECURITY OF THEIR JOBS IF THEY DO EXERCISE THEIR CONSCIENCE. I consider referral, even to a third party to be a type of participation, MAKING THE 'REFERER' COMPLICIT TO THE ACT OF KILLING. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities, ESPECIALLY WAS FOUNDED BY RELIGIOUS GROUPS WHO CONSIDER THEIR WORK A VOCATION BASED ON STRONG MORAL ETHICS. FORCING THEM TO KILL PATIENTS IS MORALLY ABHORRENT.

I am particularly distressed by recommendations that would provide access to assisted suicide for minors (by 2019), those who may be depressed, suffer from mental health issues or other vulnerable persons. Why are we not striving to provide greater support for these individuals as well as access to palliative care for all Canadians? THAT IS WHERE THE GREATER NEED IS, AND WHAT MOST CANADIANS WANT. I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. There are undoubtedly other ways to ensure that the request of the patients who choose these procedures is respected. It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide physician assisted death. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. BECAUSE THE CARTER DECISION UNDERMINES THE DOCTOR-PATIENT RELATIONSHIP OF CONFIDENTIAL TRUST THAT IT ALWAYS HAS BEEN. WHEN THERE IS NO TRUST ON THE PATIENT'S PART THEN THERE CAN BE ONLY FEAR. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close should these recommendations be included in future legislation. AND THIS IS A VERY REAL FEAR FOR MANY BECAUSE I DON'T WANT TO GO TO A HOSPITAL THAT KILLS PEOPLE. AND THAT IS WHAT IT IS DESPITE THE EUPHEMISM OF "ASSISTED-DYING." Please carefully consider my concern's as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

FINALLY, I WOULD LIKE TO SAY THAT THE RECOMMENDATIONS ARE IN NO WAY BEING

RECEIVED BY THE PUBLIC AS COMPREHENSIVE IN ADDRESSING THE ISSUE SURROUNDING DOCTOR-ASSISTED-SUICIDE. MORE TIME IS REQUIRED TO FORMULATE THIS LANDMARK DECISION TO SATISFY THE MAJORITY OF CANADIANS. WE ARE STILL IN SHOCK BY THE OUTCOME AND THE SPEED BY WHICH IT IS BEING PROCESSED. YOUR POWER IS GIVEN TO SERVE YOUR PEOPLE...I HOPE YOU ARE LISTENING TO US? Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-25-16 11:48 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 25, 2016 8:48:06 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

It is most unfortunate that the Supreme Court of Canada has legalized murder. Unfortunately, it appears that we now have to live with that decision. However, under no circumstances should you as the person responsible for implementing the legislation make it mandatory that those persons and institutions that do not want to participate in murder be forced to do so. To force any person or institution to participate in murder by making them carry out the act itself or by forcing them to refer them to someone who will carry out the act violates the Charter of Rights and Freedoms. It will not survive a Constitutional challenge.

I am asking you to do the right thing and eliminate the portion of the proposed legislation that will force those who do not wish to participate in murder from doing so.

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

April 25, 2016 4:26 PM

Cc:

iviinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: Apr 15 2016 4:21:39 PM >>>

Date: 2016/4/15 16:20:39

Name/Nom:

E-Mail/Adresse électronique

Comments/Commentaires: Prime Minister Justin Trudeau, We are very concerned on Bill C-14to make assisted suicide legal in Canada. We do not believe in assisted suicide and would rather see our government invest into palliative care for those at the end of their life. Currently only 15 -30% of Canadians have access to palliative care while the committee on assisted suicide recommended that assisted suicide be made available to all Canadians. This is unjust. Canada must invest into palliative care for ALL Canadians. The Parliament just declared the youth suicide epidemic in northern Manitoba and now in Northern Ontario a national emergency and yet the committee on assisted suicide recommended that it be made available to minors and those with mental illness. This sends mixed messages to the youth of our nation. This is so hypocritical. We are saying "don't commit suicide" and also saying, "if you want to commit suicide, we will help you". We need to create a culture of value and hope for the lives of our young people and those with mental illness. Assisted Suicide should NOT be made available to minors and those with mental illnesses. Several surveys have shown that most medical professionals in Canada do not want to participate in assisted suicide. Psychiatrists have made it very clear that this should not be offered to those with mental illness. These medical professionals who do not want to participate in this should NOT be forced to comply IN ANY WAY, even by referrals, as this goes against their conscience.

This is a violation of the Canadian Chartered right of Freedom of Conscience. We also refer you to the other countries, who have opened the door to assisted suicide which has widened over the years. This is a concern that the most vulnerable would not have their rights protected. This law would further introduce a culture of death, rather than a culture of hope, which Canada prides itself in. We ask that you vote against this law. Thank you for serving Canada.

Fro	m:
_	

Prime Minister/Premier Ministre < PM@pm.gc.ca>

Sent:

April 26, 2016 7:37 AM

To: Cc:

iviinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 20

Apr 2016 02:40:17 PIVI >>>

>>> Subject : Bill C-14 >>>>

Good Afternoon

My name is

I have made several attempts to contact your office via the telephone however, there has been no answer and I have been unable to leave a phone message. I have left a message with the Health Minister Philpott as well as my MP, Seamus O'Reagan.

As a Canadian Citizen, I am emailing and calling to exercise my democratic right and express my concern over Bill C-14...the assisted suicide bill.

I am strongly opposed to government-sanctioned killing. I would like for parliament to bring forward a new piece of legislation that would make assessed suicide and euthanasia illegal.

As I do not believe in assisted suicide, I would rather see our government invest into palliative care-lending compassion to those at the end of their life. Currently, only 15-30% of Canadians have access to palliative care. This means that Canadians who otherwise might have chosen palliative care if it was available to them may choose assisted suicide instead. This is unjust! We as a nation must invest into palliative care for ALL Canadians before investing in assisted suicide.

Once again, I ask for you to vote AGAINST C-14 at every phase!

As a Junior High School educator, I am a taxpayer. I also disagree with tax payer money being used for assisted suicide.

In our Canadian Charter of Rights, we have the freedom of conscience.

By forcing Canadians who are morally opposed to assisted suicide to participate in it through their tax dollars is forcing Canadians to do something against their conscience. Also, Bill C-14 makes NO provision for the protection of medical professional conscience rights. This means doctors and nurses who are morally opposed to physician assisted suicide may be forced to participate in it against their conscience.

This is also a breech of the Canadian Charter of Rights and Freedoms.

Lastly, ALL other jurisdictions that have opened the door to assisted suicide have widened over time, eventually including the mentally ill and at times, even children!

This is very concerning making this 'slippery slope' REAL!

Prime Minister Trudeau, I urge you to vote AGAINST C-14 at EVERY phase.

Thank you for taking the time to read my concerns. I will be contacting you again to have my voice heard!

May God Bless you and May God Bless Canada!

Sincerely,

s.19(1)

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>
Sent: April 26, 2016 2:48 PM

To: April 26, 20

Cc: Ministerial Correspondence Unit - Justice Canada; Jane Philpott

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding the issue of physician-assisted death.

Please be assured that your comments have been carefully reviewed. As your email has already been sent to the Honourable Jane Philpott, Minister of Health, I am certain she will have appreciated being made aware of your views. In addition, I have taken the liberty of forwarding your e-mail to and the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, for her information.

Thank you for writing to the Prime Minister.

S. Russell
Executive Correspondence Officer
Agent de correspondance
de la haute direction

>>> From:
Received: 14 Apr 2016 09:53:37 AM >>>

>>> Subject: Euthanasia and Assisted Suicide in Canada - Protecting Conscience Rights and Protecting the Vulnerab >>>>

Dear Minister Philpott, and The Right Honorable Mr. Trudeau, I am writing you to express my concerns about the protection of the vulnerable as well as conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia. While I am opposed to any form of assisted suicide, I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case.

I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' conscience rights. I consider referral, even to a third party to be a type of participation. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities.

I am particularly distressed by recommendations that would provide access to assisted suicide for minors (by 2019), those who may be depressed, suffer from mental health issues or other vulnerable persons. Why are we not striving to provide greater support for these individuals as well as access to palliative care for all Canadians?

I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. There are undoubtedly other ways to ensure that the request of the patients who choose these procedures is respected. It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide physician assisted death.

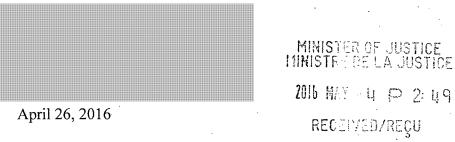
If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close should these recommendations be included in future legislation. •

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Sincerely,

s.19(1)

s.19(1)



Dear Honourable Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation our government tabled on Thursday April 14. There should be <u>clear conscience protections</u> for health care workers and facilities in the legislation. Many people, like me, are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this issue. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to force dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience, or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close, should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed, they include respect and protection for the vulnerable, as well as the conscience rights of Canadian physicians, other health care providers, and objecting facilities.

With kind regards,



The Honourable Jedy Wilson-Raybould House of Commons Ottawa, DN KIA OAG

From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 4:49 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified form

From:

Sent: April 26, 2016 1:48:52 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many of people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee 'that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

P.S. Please respect the moral convictions of others. Canada was founded on Christian Catholic principles and belief in God. I hope we can continue to honour those values.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 4:58 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified forma LTM

From:

Sent: April 26, 2016 1:57:23 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

As well I believe the best solution is to invoke the nothwithstanding clause.

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 4:56 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified fam LIK

From:

Sent: April 26, 2016 1:55:28 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

Family Physician myself, I worry that future potential doctors who have these convictions, will no longer apply to medical schools, fearing these constraints on them.

I hold those with great respect for the sanctity of life in high esteem. This legislation without conscience protection will ultimately decrease the pool of caring professionals.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government. Again I point out that many of these institutions, some associated with Christian churches, deliver the most compassionate care for the elderly that exists.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 5:07 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified form LTR

From:

Sent: April 26, 2016 2:06:58 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

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Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

I have to say that I am also confused when on one side we are concerned (rightfully) regarding the high rate of suicide on our First Nation reserves across Canada, and yet we are trying to open our laws to make such actions legal? This is less contradictory but more duplicitous, wanting to go two opposite directions at the same time. I think this needs to be made more clear.

Also, it hardly seems "legal assisted suicide" as often referred by citizens and media, when the actual taking of life is by someone other than the individual who will die. Those words should be cleared up so that Canadians can clearly see who is carrying out activities previously forbidden in our laws.

Finally, I also find it equally duplicatous that the medical profession is being chosen as the group of people to finalize the lives of unhealthy people of our population. It is confusing that in Canada we are looking at ways to

euthanize people with intravenous drugs when USA is having great difficulty supporting the same as inhumane toward their most hardened criminals.

These are fundamental issues that you need to clarify and that I request be clarified with the basics of moving forward with this very poorly intended initiative, as far as I understand it.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 5:17 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modified form Lik

From:

Sent: April 26, 2016 2:1/:0/ PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

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Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

I have to say that I am also confused when on one side we are concerned (rightfully) regarding the high rate of suicide on our First Nation reserves across Canada, and yet we are trying to open our laws to make such actions legal? This is less contradictory but more duplicitous, wanting to go two opposite directions at the same time. I think this needs to be made more clear.

Also, it hardly seems "legal assisted suicide" as often referred by citizens and media, when the actual taking of life is by someone other than the individual who will die. Those words should be cleared up so that Canadians can clearly see who is carrying out activities previously forbidden in our laws.

Finally, I also find it equally duplicatous that the medical profession is being chosen as the group of people to finalize the lives of unhealthy people of our population. It is confusing that in Canada we are looking at ways to

euthanize people with intravenous drugs when USA is having great difficulty supporting the same as inhumane toward their most hardened criminals.

These are fundamental issues that you need to clarify and that I request be clarified with the basics of moving' forward with this very poorly intended initiative, as far as I understand it.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 5:14 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modifical form LTK

From:

Sent: April 26, 2016 2:13:02 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide 'legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

I also believe that Catholic medical practitioners at all levels and Catholic medical institutions should not be forced to provide or direct individuals to any form of medically assisted suicide facilities or requests.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 6:34 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified form zip

From:

Sent: April 26, 2016 3:33:26 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

There should be a referendum held.

140013

R16-613535

MOU EDS

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 9:51 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 -- Conscience Protections

s.19(1)

From:

Sent: April 25, 2016 10:13 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 -- Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to articulate my concerns with the legislation your government tabled on Thursday April 14. I think that there should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure. That being said, I understand that we live in a pluralistic country and that some people might disagree with me. Still, with the Liberal government (as I understand) as well as myself being interested in diversity (which I think is key in many areas), I think that it is in the country's interest to consider physicians' conscience protections.

In accordance with Hardin's Law (a famous American ecologist), which states that an action in a complex system will have side-effects, the effects of legislation are not necessarily transparent. Andrew Coyne wrote an article (http://news.nationalpost.com/full-comment/andrew-coyne-canada-is-making-suicide-a-public-service-have-we-lostour-way-as-a-society), which alludes to this. Furthermore, legislation, which neglects conscience protections, will likely discourage a great deal of talented people with moral objections to assisted suicide from pursuing medicine. Not only will creative solutions to palliative care be lost, but other end-of-life may not be pursued to because an "easy" solution is available.

Having people of religious faith, who would likely most be affected by legislation not offering conscience protections, in medicine is not a weakness; they can provide alternative solutions to problems. In fact even before the Enlightenment great socio-medical advances from a scientific side (Avicenna from the Islamic world) and social side (the Fuggerei of Augsburg (social-housing project implemented by the Christian Fuggers of Germany)). In line with religious influence on medicine, which contributed along with Enlightenment ideals to the modern state of medicine. Sir William Osler, the father of modern medicine considered Avicenna to be the father of modern medicine.

Religion influenced the enlightenment and post-enlightenment culture of medical practitioners to consider the dignity of the human person the way we have since before the Canadian Charter of Human Rights was written. I think that this view suggests that end-of-life care should encourage people to live out their end of life well with the help and care of others. In fact, a modern book, Tuesdays with Morrie, shows how such a compassionate vision can be lived out. I think that this is goal of end of life care, otherwise known as palliative care.

Palliative is unfortunately seen as something bad in Canada (http://www.cbc.ca/news/health/palliative-care-1.3541331). Such a misunderstanding may discourage people, who then might feel encouraged to take their own ϵ life. The vulnerable taking their own life are a particular concern; a colleague of yours, the MP Robert-Falcon Ouellette is highlighting this problem in indigenous communities. This problem can be fought better if doctors, nurses, and other medical professional, who oppose assisted suicide, are able to practice without encountering pressures to deny their consciences because they will help look for other solutions.

If this bill is passed without amendments, how favourably will Canada compare with other countries, which provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions? It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the

practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you for reading this letter,

P.S., there is another issue, which I would like to address, namely that of transparency. I hope that the Liberal government works well to ensure that a transparency culture is in place in the Canadian federal government.

s.19(1)

Andrew Coyne: Canada is making suicide a public service. Have we lost our way as a soc... Page 1 of 6

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Andrew Coyne: Canada is making suicide a public service. Have we lost our way as a society?

1

ANDREW COYNE | February 29, 2016 10:46 PM ET More from Andrew Coyne | @acoyne

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The report of an all-party joint committee on "physician-assisted dying" is recommending legislation that would go far beyond what the court prescribed. Andrew Coyne writes,

Fololia

When the Supreme Court, overturning Section 241(b) of the Criminal Code, several votes of the House of Commons and its own previous ruling, legalized assisted suicide last year, it did so on a particular understanding of to whom and under what circumstances the new regime would apply.

It would permit a physician, normally obliged by the code of his profession to save life, to take a life instead, at the request of 1, an adult who is 2, mentally competent and 3, clearly consents, in cases of 4, a "grievous and irremediable" medical condition that imposes 5, suffering that is "intolerable to the individual."

On its own, this made it legal to assist in suicide in a much broader set of circumstances than had previously been contemplated. The emphasis in all previous discussion — the basis of the apparent widespread public support for legalization — had been on persons who suffered, not just from an irremediable, but a terminal condition, such that suicide would merely hasten the inevitable; who were in acute physical pain, rather than enduring subjectively "intolerable" suffering, which the court was clear could be physical or psychological; and who were, or feared they might become, physically unable to kill themselves on their own.

Assisted suicide was presented, paradoxically, as a way of extending life

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Andrew Coyne: Canada is making suicide a public service. Have we lost our way as a soc... Page 2 of 6

Assisted suicide was thus presented, paradoxically, as a way of extending life, rather than shortening it, sparing patients from what the court called the "cruel choice" to which they would otherwise be subject: kill themselves while they were able, at the cost perhaps of several years of life, rather than endure the pain and indignity that might come with waiting for nature to take its course. Yet the court's decision did not depend upon this dilemma being present. It was enough that a competent adult was suffering, intolerably and irremediably, and wanted help killing himself. The necessity of the assistance was not at issue.

So the court not only opened the door to assisted suicide, but opened it a little wider than it had been asked to. Nonetheless, it remained confident that the door would open no further. Indeed, the ruling arguably depended on it. The Crown's case for retaining the prohibition, after all, had rested on the concern that the logic of assisted suicide would not permit it to be limited to the sort of narrow circumstances the court had in mind. Expert testimony was called on the experience in Belgium and other countries, where eligibility for assisted suicide has been extended to children, the mentally incompetent, and others.

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Matt Gurney: Assisted suicide is here to stay. Now comes the tricky part of figuring out how to make it work

Robyn Urback: On fundamental issues of life and death, Liberal MPs shall toe the party line

The court found this sort of "anecdotal" evidence unpersuasive. These countries, it said, had a very different "medico-legal culture" than ours. In Canada, the "risks" of legalized killing could be limited "through a carefully designed and monitored system of safeguards."

That was a year ago. The court's ruling has not yet taken effect, and already we have the report of an all-party joint committee on "physician-assisted dying" recommending legislation that would go far beyond what the court prescribed.

To be sure, the report builds on the court's foundations. It would apply to both terminal and non-terminal conditions, physical and psychological, debilitating or otherwise. But its definition of a competent adult would not exclude people with mental illnesses which is to say virtually all current suicides -- nor people who had previously expressed the wish to be killed in the event they should later become mentally incompetent. Moreover, after a three-year trial period, it recommends extending the practice to what it calls "mature minors," a term left undefined.

Not only would "assisted dying" be legalized, under the committee's recommendation, it would be publicly funded.



Not only would doctors be permitted to kill their patients on request, they would be obliged to, or provide "effective referral" to others who will. And while the committee suggests that those seeking assistance in killing themselves should be required to get two

Andrew Coyne: Canada is making suicide a public service. Have we lost our way as a soc... Page 3 of 6

doctors to certify they met the criteria, the criteria are so open-ended it is hard to see in what circumstances they could say no. In any event: the consent of two doctors? Where have we heard that before? What if none are available? How long could it be before the Supreme Court rules on the inequity of denying "access" on these grounds?

Indeed, no sooner had the report been released than advocates were pushing to expand its bounds. For example, should eligibility be restricted to "mature" minors? Could it, in law or conscience? As Dr. Derrick Smith, chair of the physicians' advisory council of Dying with Dignity Canada, told the CBC, "obviously a five-year-old is not going to be able to give consent for something like that, but should we allow a substitute decision maker like the parent to say, 'Johnny's had enough suffering. I think it's time that we assist him to terminate the suffering.'"

Well, of course. Once you have normalized suicide, from a tragedy we should seek to prevent to a release from suffering we should seek to assist, it is logically incoherent — indeed, it is morally intolerable — to restrict its benefits to some, while condemning others to suffer interminably, merely on the grounds that they are incapable of giving consent. So it is that assisted suicide has gone, in the space of a year, from a crime, to something to be tolerated in exceptional circumstances, to a public service. Perhaps you see this as progress. But I cannot help feeling that a society that can contemplate putting children to death has somehow lost its way.



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Andrew Coyne: Canada is making suicide a public service. Have we lost our way as a soc... Page 4 of 6

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lain Foulds

- ... Good that Coyne is waking up.
- ... Our society has lost its foundations and respect for life a long time ago. The poison of the Left's anti-family, anti-life agenda has long triumphed.
- ... The movie "Soylent Green" understood the end of "assisted suicide", with attactive suicide centers, and everyone encouraged to do their civic duty.
- ... If you don't think so, you are not even beginning to pay attention.

Like · Reply · 64 · Feb 29, 2016 8:24pm



Bob Bee

Right wing governments often demonstrate far less respect for human life than moderate or left wing governments do. Harper's gov't demonstrated this amply with their tolerance for ultra-deadly asbestos, & deadly trans fat in food. Their utterly lax laws on industrial chemicals ensured citizens are exposed to hundreds or thousands of completely untested, potentially harmful chemicals. Their obstruction of the Supreme Court's 2011 ruling on safe injection sites alone has ensured unnecessary deaths of many iv drug users who have died of fatal ODs because their gov't obstructed the Supreme Court a... See More

Like · Reply · € 23 · Mar 1, 2016 7:22am · Edited



Patrick O'donnell

Bob Bee Wow, Bob, wow! What are ye smokin, laddie?

Like · Reply · 42 · Feb 29, 2016 9:13pm



Patrick O'donnell

I wonder how many people would ask for assisted suicide if it involved someone from the government, at no cost to them, coming to their hospital room and painlessly shooting them in the back of the head with a glock?

Like - Reply - 14 - Feb 29, 2016 9:19pm

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Zander Gonowich · Warsaw University of Technology

This is Canada, where there are no time limits on abortion, the only advanced country without regulations, so hey, why not a free-for-all on assisted suicide? Throw it to the kids for good measure, no one left behind and all. Assisted death has its places, and is done already (removal from life support), but this is a whole new level.

Like - Reply - 2 34 - Feb 29, 2016 8:27pm



Charlene Pursey - Works at A New Employer

I believe we do have limits on abortion.

Like - Reply - 3 - Feb 29, 2016 8:43pm



Ric Seabrooke

Charlene Pursey

Charlene. There are NO laws on abortion in Canada. None. Zilch. Zero

Don't belive me? Name one.

Like - Reply - 6 31 - Feb 29, 2016 9:43pm - Edited



Bryan Cher Regehr · Winnipeg, Manitoba

Removing from life support is not assisted death, it is the withdrawal of lifesustaining measures. The patient would have died naturally otherwise.

Like - Reply - 🖒 12 - Feb 29, 2016 8:58pm

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From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 9:56 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modified form LTR

From:

Sent: April 26, 2016 6:55:53 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I want nothing to do with Bill C-14. The fact that you are amending the Criminal Code of Canada to allow it speaks volumes. I want no part of a doctor/nurse who deals in euthanasia. Doctors/nurses are people who protect life, not take it under any circumstances. I want to know I can trust my doctors/nurses implicitly to do that for me and my family. Doctors/nurses should have NO part in this murderous scheme whatever, as is the case in every other nation in the world. Please rescind Bill C-14. Let the Supreme Court deal with the disastrous situation it has created, far beyond its mandate.

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 10:33 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified form LTK

From:

Sent: April 26, 2016 7:33:20 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care professionals and facilities in the legislation. Many people like me are opposed to the legalization of physician hastened death. It is not right that health care professionals should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendment, Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that health care professionals, caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to have dedicated physicians and healthcare professionals put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience. Neither is it right to force the closure of facilities that cannot provide medical assistance in dying. If these physicians and Health Care Professionals are forced to leave the practice of medicine, nursing or other health care position because of short-sighted policies, then patients like me will be unable to find the kind of doctor and health care professional that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close if a provincial government does not respect their freedom to follow their moral convictions in this matter.

As the deliberations on this bill are conducted, please respect and protect the vulnerable as well as the conscience rights of Canadian physicians, nurses, other health care providers and objecting facilities.

Thank you,

Respectfully submitted,

From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 11:58 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modified form LTR

From

Sent: April 26, 2016 8:57:43 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

The UN Declaration of Human Rights, starts with Article 1:

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Conscience is in the top freedom we have, because all others are based on it. Further, it says we should act towards one another in a spirit of brotherhood - which for me means supporting and helping see how good life is.

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Page 261 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 9:13 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 27, 2010 0.13:01 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I think there are many good things in Bill C-14 but I think the Bill should include clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide selegal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

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Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 12:53 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modified form LIR

From:

Sent: April 27, 2016 9:52:27 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

PLEASE DON'T BRING SHAME TO OUR GREAT NATION OF CANADA!

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. MANY people, like me are OPPOSED to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide selegal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

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Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 5:53 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modified form LTR

From:

Sent: April 27, 2016 2:52:23 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am no longer a proud Canadian, but one among many who are disappointed in both the Supreme Court and our so-called representative Government.

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave' the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 8:07 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modified form LTR

From:

Sent: April 27, 2016 5:06:55 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

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Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities. I have watched both my parents die from very different illnesses; one in the 1960's and one in 2005. I can say that the ability of doctors to relieve pain is much more effective now than in the 1960's for example. I am not a doctor but I believe we need to stand beside them in allowing them to not be discriminated against for following their conscience.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 11:05 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified formur

From:

Sent: April 27, 2016 8:04:24 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

As a Catholic taxpayer, this Bill does not respect my right to Religious Liberty and undermines the very dignity of human life in accordance with God's plan. It is unimaginable to think that a government would legislate such a morally unjust and criminal offence under the disguise of choice. Killing is killing regardless of which euphemisms are used.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 7:38 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified form LTR

From:

Sent: April 27, 2016 4:36:04 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

I completely disagree with euthanasia. It is legalized murder. As a young child said to me, it is the same as the doctor taking a gun and shooting someone, but it is legal. Forcing doctors, health care workers and health care facilities to participate either directly or by referral, is taking away freedom of Canadian citizens. There is a need to protect freedom of Canadians and forcing people to do things against their will means that Canadians are no longer living in a free country.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 8:59 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modulied form LTR

From:

Sent: April 27, 2016 5:58:00 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

DO NOT SUPPORT A CULTURE OF DEATH

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against. their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 10:34 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modifica form LIR

From

Sent: April 27, 2016 7:33:21 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. I am familiar with the benefits that can be provided when providing terminally ill patients with a "choice". A relative of mine in Europe went through the process when faced with terminal and painful cancer. However, this relative had a choice... and so should the health care workers/doctors who may be faced with providing this procedure. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure. Our government can provide a list of the health care workers/doctors who would be available.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to subject dedicated physicians and healthcare workers to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. I know of at least one doctor who will likely leave the practice of medicine (retiring far too early) if they are deprived of the right to say "No". I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

April 27, 2016

MINISTER OF JUSTICE MINISTRE DE LA JUSTICE

The Honourable Jody Wilson-Raybould

Minister of Justice and Attorney General of Canada

House of Commons

Ottawa, Ontario

Canada

K1A 0A6

Dear Minister:

We strongly oppose Bill C-14 legalizing euthanasia and assisted suicide, and ask the House of Commons to vote against it and invoke the Charter's *Notwithstanding Clause*, which allows Parliament to ignore bad judicial decisions. Ill-conceived, dangerous, and unwarranted, Bill C-14 provides a perfect cover for acts of homicide.

Unelected, activist judges on Canada's Supreme Court, erroneously claimed that citizens have a "right" to be killed by the state, despite the reality that such a "right" exists in neither the letter or spirit of the Constitution, nor in the Charter. In fact, the Supreme Court violated the legal principle of *Stare Decisis* (let the decision stand) by contradicting its own previous ruling from the 1993 Sue Rodriguez case, in which the court found that no constitutional right exists to be killed by the state. So, in essence, a bogus "right" concocted by an activist Supreme Court, has precipitated the Liberal government's introduction of Bill C-14 to legalize euthanasia and assisted suicide.

Euthanasia and assisted suicide are homicidal acts as they involve some persons in society killing other persons. Bill C-14 even provides the murderers with legal immunity for their participation in homicide, and demands no effective oversight (i.e., the same individual can approve the injection, give the injection, and then report the injection). Bill C-14, far from promoting compassionate healthcare (good palliative care being a humane, if more expensive alternative), is a cheap option for terminating Canada's most vulnerable citizens, e.g., fragile seniors and the seriously ill (who may feel pressured to choose the proffered "final solution" so as not to be a burden to their loved ones).

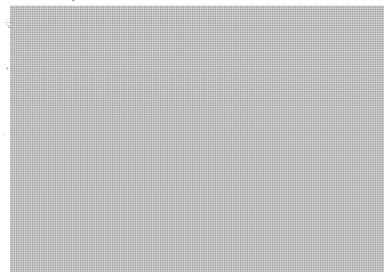
Bill C-14 also violates the conscience rights of doctors, nurses, and other healthcare workers by forcing them to participate in killing people. It fails to afford conscience protection for Catholic hospitals, hospices, long-term care facilities, and other healthcare institutions who are committed to healing and opposed to killing.

The current crisis of indigenous youth attempting and/or committing suicide at Attawapiskat should communicate the utter irrationality and irresponsibility of the government's attempt to fight the prevalent "spirit of suicide" (as so aptly expressed by Robert-Falcon Ouellette, Liberal MP for Winnipeg) among First Nations people, while simultaneously railroading the passage of a bill that legalizes assisted suicide.

2

In light of the above facts and concerns, we urge the House of Commons to vote against Bill C-14, and to invoke the Charter's *Notwithstanding Clause*.

Sincerely,



s.19(1)

The Honourable Gody Wilson Raybould, MP Minister of Justice and Attorney General of Canada House of Commons Ottawa, Outario Canada KIA OA6

Ministerial Correspondence Unit - Justice	e Canada
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Ministerial Correspo	ondence Unit - Justice Can	nada	and the latter of the second s	ر المعلق
From: Sent: To:	Prime Minister/Premier Ministre April 27, 2016 7:42 AM	e <pm@pm.gc.ca></pm@pm.gc.ca>		
Cc: Subject:	Ministerial Correspondence Un Office of the Prime Minister / C	it - Justice Canada, J abinet du Premier mi	lane Philpott, P.C.,M.P	
Dear		•		8
On behalf of the Right Hophysician-assisted dying.	onourable Justin Trudeau, I would	like to acknowledge	receipt of your corresp	oondence regarding
interest to the Honourab Honourable Jane Philpot	our comments have been carefully ple Jody Wilson-Raybould, Minister t, Minister of Health, I have taken ish to give your concerns every co	r of Justice and Attor the liberty of forwar	ney General of Canada	a, and the
Thank you for writing to	the Prime Minister.			
J.P. Vachon Manager/Gestionnaire Executive Correspondent for the Prime Minister's (Services de la corresponde la haute direction	Office dance			1
pour le Cabinet du Premi	er ministre	•	•	\$
>>> From: 23 Apr 2016 U1:56:24 A	IVI >>>	Received :	•	
>>> Subject : =1=: physic	cian assisted dying >>>>			
I'm reaching out today to for assisted dying.	o urge you to help fix Bill C-14, the	federal government	's incredibly flawed pro	oposed legislation
		2		
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Page 274 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section

7 of the Charter.

- The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the

option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v Canada, would have even qualified for assisted

dying. This is unacceptable and should be an embarrassment to this government.

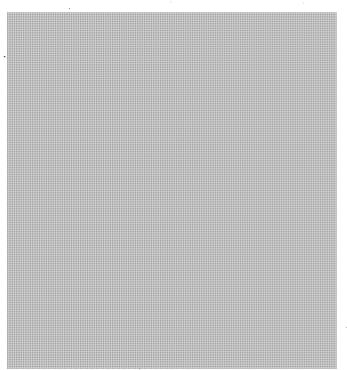
Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of

Canadians who support the right to advance consent for aid in dying. Please

amend Bill C-14 to put it in compliance with the high court's decision and

work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.



*'I am thankful for existence today. I am grateful for where my life is, at/in this moment.' *

s.19(1)

Ministerial Correspond	ence onit - Justice Canat	la 🛕		2.
From: Sent: To: Cc: Subject:	Prime Minister/Premier Minis April-27-16 11:39 AM Ministerial Correspondence U Office of the Prime Minister /	Jnit - Justice Canada, Jane		
Dear				
On behalf of the Right Hon regarding physician-assiste	ourable Justin Trudeau, I wou d dying.	ld like to acknowledge rece	ipt of your correspondence	
interest to the Honourable Honourable Jane Philpott,	Jody Wilson-Raybould, Minist	ter of Justice and Attorney en the liberty of forwarding	ou have raised will be of partion General of Canada, and the your e-mail to them. I am cert	.1
Thank you for writing to th	e Prime Minister.			
J.P. Vachon Manager/Gestionnaire Executive Correspondence for the Prime Minister's Of Services de la corresponda de la haute direction pour le Cabinet du Premier	fice nce	•		Š
>>> From: Apr 2016 03:42:58 PM >>	>	Received : 21		٠.
>>> Subject : from I	·			•
Dear Mr Trudeau, Dear Mr Gerretsen,				,
Canada judgment	-	ninalisation of assisted dyin	t panel on end-of-life decision g in line with the Supreme Cou	

Your legislative draft makes terminal illness a threshold condition for a competent person to be eligible for an assisted death. We explained in our Report at great length why such a policy is ethically indefensible, but also why it would violate our Charter rights.

This view is shared both in the recommendations issues by the provincial-territorial expert panel as well as the parliamentary joint special committee's recommendations.

You current approach to this matter is to pretend that the Supreme Court

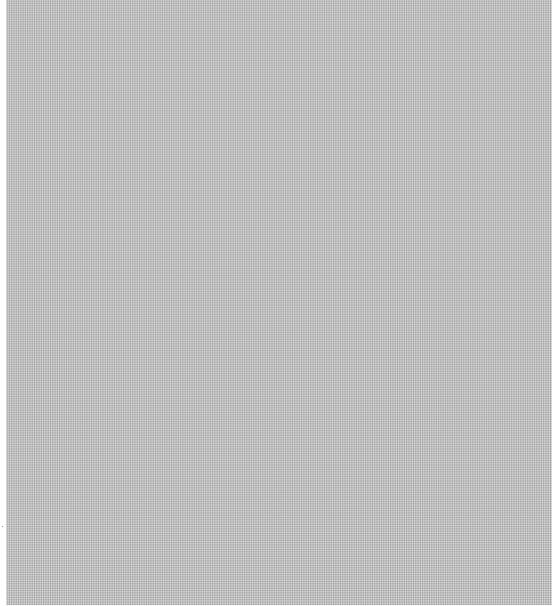
didn't issue clear guidance and that cautiousness led you to ignore its clear criteria. Remarkably, you are using the same terminology the former Harper government used to defend the indefensible, namely concern for unnamed, not further described 'vulnerable' people. Your legislative draft would condemn precisely vulnerable people to continuing pointless suffering and readily sacrifices their Charter rights.

At issue is not to find the 'right balance' between those opposed to assisted dying and those in favour of it, at issue is the need to issue legislation that meets the standards set out by the Supreme Court. Your current draft obviously fails on that count.

I urge you to reconsider. If you do not wish to take the political responsibility for the legislation that is clearly required by the Supreme Court judgment, why don't you refer your legislation to the Court so that it can be amended without further delay.

I should be delighted to discuss the matter with you or a chosen representative at a time convenient to you.

Thank you for your time,



s.19(1)

Page 279 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 1:18 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Strengthen Bill C-14, Medically Assisted Dying

From:

Sent: April 27, 2016 10:55 AM **To:** Wilson-Raybould, Jody - M.P.

Cc: mcu@justice.gc.ca

Subject: Strengthen Bill C-14, Medically Assisted Dying

The Honourable Jody Wilson-Raybould

I am writing regarding Bill C-14. Thank you for the time and consideration you have put into this issue. However, I believe that the bill you have proposed requires amendment to make it compliant with the Charter of Rights and Freedoms and with the Carter decision — and I hope you will direct your staff to make the necessary amendments.

You have heard from many who make this observation much more eloquently — but I do want to add my voice and request that the bill be amended to widen access beyond people whose natural death is reasonably foreseeable.

I agree with the framework put forward in the report of the Special Joint Committee on Physician Assisted Dying and ask that its recommendations be given more attention. One of the recommendations in that framework is to allow advance requests. Bill C-14 does not allow such requests. How does this protect the rights of vulnerable Canadians who have been given a dementia diagnosis and who wish to access assisted dying at an appropriate time?

In addition to amendments to the Criminal Code, the government needs to take steps to strengthen palliative care across the country and improve suicide prevention.

Thank you for your attention.



From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 10:36 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Please amend Bill C-14

From

Sent: April 27, 2016 9:03 PM
To: Wilson-Raybould, Jody - M.P.
Subject: Please amend Bill C-14

Honourable Jody Wilson-Raybould,

On Monday we applied to attend your Town Hall meeting on Bill C-14. On Tuesday we were informed that as we lived outside Vancouver-Granville (Quadra) we could not register for the meeting. Had we been able to present at the meeting we would have expressed our profound anger and disappointment at your cruel Bill C-14.

This bill is severely restrictive. It does not follow what the Special Joint Committee on Physician Assisted Dying recommended in their report and we believe it violates the Charter rights of suffering Canadians.

This bill does not respect the rights of those who wish to provide advance directives so will inevitably condemn some individuals to intolerable suffering that could have been avoided. Its restriction to those people for whom death is "reasonably foreseeable" could force thousands of people with excruciating illnesses to suffer against their will for years or even decades. It excludes the mentally ill, even though mental illness does not necessarily make a person incapable of making free and informed decisions about their medical care. It also excludes "mature minors" which appears to be contrary to the Supreme Court's reasoning.

This is an issue we feel passionate about as we have watched close family members endure months and in some cases years of suffering with the illness and disabilities of aging while expressing very clear wishes to be able to end their lives. It has always struck us as ironic that we are able to end the suffering of loved pets, when it is clearly the humane thing to do but cannot help in this way the people we hold most dear.

You justify these limitations in the Bill on the need to protect the vulnerable. However, the experience in European countries where Physician assisted dying has been legal for years shows that adequate safeguards are possible and have worked effectively.

Many commentators have remarked that your Bill is exactly what the previous Conservative Government would have proposed. We voted Liberal in this last election to avoid Conservative legislation in matters such as this. We won't make that mistake again.

We hope you will listen to the voices of the majority of Canadians and amend this seriously flawed Bill.

Yours sincerely,

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 10:33 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: I am opposed to Euthanasia please vote against Bill C-14

s.19(1)

From:

Sent: April 28, 2016 2:45 AM **To:** Wilson-Raybould, Jody - M.P.

Subject: I am opposed to Euthanasia please vote against Bill C-14

The Honourable Jody Wilson-Raybould

Political Affiliation:Liberal

Constituency: Vancouver Granville
Province / Territory: British Columbia

Email: Jody. Wilson-Raybould@parl.gc.ca

Thank you for serving. I know that as a servant to this nation you understand your responsibility to maintain Canada's good reputation internationally as well as your responsibility to the Canadian people... including your own family and children for future generations.

You and I both know pressure and coercion will be outstanding when it comes to assisted suicide or the putting down of the aged and infirmed, the disabled and even the "mature" adolescent. Bribery, blackmail and guilt trips for being alive are a normal part of Gov't legislated euthanasia. Countries in Europe are already experiencing these things and fear of this kind of "care" reigns in the lives of many. Say NO to euthanasia in our, in MY Canada.

Euthanasia supports and promotes the destruction of our history, experience, our precious elders. Euthanasia supports and promotes the destruction of our strength, our future, our children. Say NO to euthanasia in our, in MY Canada.

I hear "some" are wanting Canada to be on the cutting edge, leading the way in assisted suicide. I do not want to be known as an ACCOMPLICE to MURDER nationally or personally. Say NO to euthanasia in our, in MY Canada.

Why are we spending so much time and money making legislation for so few people. Legislating euthanasia does not make it right or acceptable. Say NO to euthanasia in our, in MY Canada.

Recently Canadians have been aghast at the number of suicides and attempted suicides in Northern communities. Is this Gov't saying these incidences would have been acceptable if they were Gov't assisted suicides? Say NO to euthanasia in our, MY Canada.

Say no to Bill C14

I DO NOT BELIEVE IN ASSISTED SUICIDE

I am opposed to government-sanctioned killing, I would appreciate it if you would vote against C-14 at every phase and call on Parliament to bring forward a new piece of legislation that would make assisted suicide and euthanasia illegal. This is still in your power to do so.

2 – FOCUS ON PALLIATIVE CARE

I do not believe in assisted suicide and would rather see our government invest into palliative care (compassionate care for those at the end of their life). Currently in Canada only 15-30% of Canadians have access to palliative care. What this means is that Canadians who otherwise might have chosen palliative care if it was available to them may choose assisted suicide instead. This is unjust. Canada must invest into palliative care for all Canadians before investing in assisted suicide for all Canadians. I Ask you to vote against C-14 at every phase.

3 – I DISAGREE WITH TAXPAYER MONEY BEING USED TO PAY'S FOR ASSISTED SUICIDE

One of the Canadian Chartered rights is that every Canadian has the freedom of conscience. By forcing Canadians who are morally opposed to assisted suicide to participate in it through their tax dollars the government is forcing Canadians to do something against their conscience. I want you know this is wrong and I am opposed to assisted suicide being funded by taxpayer dollars.

4 – I DISAGREE WITH PHYSICIANS OR ANY OTHER HEALTH PROFESSIONAL BEING FORCED AGAINST THEIR CONSCIENCE TO PARTICIPATE IN ASSISTED SUICIDE

Bill C-14 makes no provision for the protection of medical professional conscience rights. This means doctors and nurses who are morally opposed to physician assisted suicide may be forced to participate in it against their conscience. This is a breech of the Canadian Charter of Rights and Freedoms. I want you to know I believe this is wrong and I ask them to vote against C-14 at every phase because of it.

5 – THE SLIPPERY SLOPE IS REAL

We know that all other jurisdictions that have opened the door to assisted suicide have widened and widened it over time eventually including the mentally ill and at times even children. I want you

to know I find this concerning and that the slippery slope is real. Ask you to vote against C-14 at every phase.

Thank you for your time.

Yours truly

s.19(1)

Sent from my iPhone

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

April-28-16 1:08 PM

To: Cc:

iviinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From

Received: 22 Apr 2016 10:40:45 AM >>>

>>> Subject : Re: dying with dignity - urgent >>>>

I have not had a response from you so far. I believe this requires a physical meeting. Please let me know when would be convenient for you.

On Sat, Apr 16, 2016 at 10:42 AM,

- > I took the trouble to vote for your party out-of-province, as I strongly
- > supported your party's platforms. Now though I am very concerned about what
- > is happening with the dying-with-dignity issue.

> What can be more important than this impending legislation? Why are you

> allowing a free vote on this? Why are you not including all

stakeholders in

- > the legislation? I strongly support the Dying with Dignity organization's
- > stand, and that of others who you did not include.

>

> Please inform me that this will change.

>

s.19(1)

Ministerial	Corres	pondence	Unit -	Justice	Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

April-28-16 9:54 AM

To:

iviinisteriai Correspondence Unit - Justice Canada, Jane Philpott, P.C.,M.P.

Cc: Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Attachments:

Trudeau-_PAD-Apr16.docx

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 24 Apr 2016

08:17:13 PM >>>

>>> Subject : letter re bill C-14 >>>>

Please find attached a letter regarding Bill C-14 that was recently proposed by your government....

504 7A St NE Calgary, AB, T2E 4G3

April 24, 2016

Right Honourable Justin Trudeau Prime Minister Government of Canada Ottawa, Ontario

s.19(1)

Dear Prime Minster Trudeau;

I am writing to you regarding the issue of physician assisted death. The previous law making it a criminal offence to assist people to die was struck down unanimously by the Supreme Court of Canada in February 2015 because it was deemed to contravene the Charter of Rights and Freedoms. This decision opened the door to more "liberal" and humane options for the end of life of Canadians.

Two high level initiatives – the joint Parliamentary committee and the interprovincial panel – reviewed the issues and made recommendations for legislation that would comply with the Supreme court decision. Recently the Ministers of Health and Justice jointly tabled legislation – Bill C14 - to address Physician Assisted Dying. While essential progress is being made, this proposed legislation falls far short of recommendations as well as the requirements of the Supreme Court. I have to say that this proposed legislation looks more like offerings that Stephen Harper's Conservatives would have made had he continued to be the prime minister. I am profoundly disappointed in your government's proposed legislation and I'll tell you why.

I was relieved to hear about the Supreme Court decision about Physician Assisted Dying in Feb'15 and then very impressed with the reports of the interprovincial committee and the joint committee of parliament.

I too, was supportive of these recommendations which **put the emphasis on the choice and autonomy of the suffering person with the irremediable condition –** and not on the hesitation, fears and personal beliefs of physicians and others. I was supportive of the provisions for advance planning – so that people diagnosed with diseases which quickly rob them of their competence can still have a say in how and when their death will be. I am comfortable with the safeguards that were proposed in the committee reports.

Sadly, the legislation tabled by your government does not comply with the recommendations and intent of the Supreme Court decision and certainly not what is expected by the majority of the Canadian public. Similar to numerous pieces of legislation passed by the Harper Conservatives, I believe that this proposed legislation will face a court challenge and be found unconstitutional. The people of Canada do not need more legislation (as per the previous conservation government) that does not comply with the Charter of Rights and Freedoms.

I would propose the following changes to your new bill:

- clarify and focus on the irremediable suffering of the individual, not foreseeable
- allow advance planning for physician assisted death in the case of individuals diagnosed with conditions which affect their competence
- do not exclude intractable mental health disorders

With the 2015 election, I truly believed that the Liberals had a different approach to governing than the Harper Conservatives. I had actually campaigned on behalf of a Liberal candidate in Calgary. I find your government's approach to this Physician Assisted Death legislation is flawed, discriminatory and absolutely disappointing. Improvements must be

made. To do less would be a grave injustice to Canadians who will not qualify for this current version of Bill C14, and will face grievous and irremediable suffering now and in the future.

Thank you in advance for understanding and addressing my concerns.

Ministerial Correspondence Unit - Justice Canada

From: Sent:	Prime Minister/Premier Ministre <pm@pm.gc.ca> April-28-16 4:32 PM</pm@pm.gc.ca>
To: Cc:	wiinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.
Subject:	Office of the Prime Minister / Cabinet du Premier ministre
Dear	t .
On behalf of the Right Hon regarding physician-assiste	ourable Justin Trudeau, I would like to acknowledge receipt of your correspondence ed dying.
interest to the Honourable Honourable Jane Philpott,	ir comments have been carefully reviewed. As the issue you have raised will be of particular body Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain to give your concerns every consideration.
Thank you for writing to th	e Prime Minister.
J.P. Vachon Manager/Gestionnaire Executive Correspondence for the Prime Minister's Of Services de la corresponda de la haute direction pour le Cabinet du Premier	fice nce
>>> From:	Received: 22 Apr 2016 11:35:41 PM >>>
>>> Subject : PM Web Site	e Comments - Justice and Attorney General of Canada >>>>
Date: 2016/4/22 23:35:39	
Name/Nom : E-Mail/Adresse électroniqu	ie :
incredibly flawed proposed dying law will unfairly restrassisted death to Canadian but the terminally ill. It risk suffering but whose death Carter v. Canada and violated	this may be an exclusion in the presently is a concern, I'm reaching out today to urge you to help fix Bill C-14, the federal government's degislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted rict rightful access to assisted dying in at least two ways: - The clause in Bill C-14 limiting is whose "natural deaths is reasonably foreseeable" will deny access to assisted dying to all as violating the rights of Canadians with advanced degenerative illnesses like ALS who are isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in the Section 7 of the Charter The bill effectively excludes individuals diagnosed with severe eir right to die with the help of a doctor. Without the option to make advance requests for

assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be

physician-assisted dying. With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v Canada, would have even qualified for

effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on

assisted dying. This is unacceptable and should be an embarrassment to this government. Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please amend Bill C-14 to put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating condit

Ministerial Correspondence Unit - Justice Canada
From:
Sent: April-28-16 5:13 PM To: Prime Minister/Premier Ministre
Cc: Ministerial Correspondence Unit - Justice Canada; Minister ministre@hc-sc.gc.ca
Subject: Re: Office of the Prime Minister / Cabinet du Premier ministre
Thank you J.P.Vacho,
Thank you 3.1. v acho,
I am glad you will forward that physician assisted dying message.
Moe important; I ask that you bring the following to attention.
who important, I ask that you offing the following to attention.
I would like to see an additional \$2.65 Billion dedicated to the treatment of multiple sclerosis in Canada over the next 5 years.
the next 5 years.
Canada has the highest rate of multiple sclerosis in the world. Most people with MS are diagnosed between the
ages of 15 and 40. Over 150,000 Canadians have this diagnosis and ~1,000 Canadians are newly diagnosed
every year.
Better is always possible.
Sincerely,
Sincercity,

Sent from my iPad

On Apr 28, 2016, at 1:32 PM, Prime Minister/Premier Ministre < PM@pm.gc.ca >	wrote
--	-------

Dear	

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

From: Received: 22 Apr 2016 11:35:41 PM >>>

Subject : PM Web Site Comments - Justice and Attorney General of Canada >>>>

Date: 2016/4/22 23:35:39

Name/Nom:

E-Mail/Adresse électronique

Address/Adresse

City/Adresse:

Province

Postal Code/Code postal:

Telephone/Téléphone

Comments/Commentaires: fear that this may be an exclusion in the presently proposed Bill C-14. As this is a concern, I'm reaching out today to urge you to help fix Bill C-14, the federal government's incredibly flawed proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways: - The clause in Bill C-14 limiting assisted death to Canadians whose "natural deaths is reasonably foreseeable" will

deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter. - The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying. With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government. Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please amend Bill C-14 to put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating condit

Ministerial Correspondence Unit - Justice Canada

From: Sent: Prime Minister/Premier Ministre <PM@pm.gc.ca>

To:

April-28-16 12:53 PM

Cc:

iviinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon

Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From

Received: 22 Apr

2016 04:40:47 PIVI >>>

>>> Subject : Amend the legislation >>>>

>

- > Dear Prime Minister Trudeau,
- >
- > I am writing to respectfully ask that the Liberal government reconsider its
- > very restrictive guidelines for doctor-assisted dying.

>

- > I am saddened that the Special Joint Committee's recommendations which were
- > truly patient-centred and compassionate were not adopted.

>

- > What the Liberal government has presented is such a huge disappointment;
- > It is too restricted and uncourageous. Canadians expected and have demanded
- > better.

>

- > It also appears it is not in compliance with the Carter decision, and
- > changes what the Supreme Court stated regarding the Charter of Rights. The
- > requirement that 'natural death has become reasonably foreseeable' sounds much more
- > restrictive. Would it have excluded Sue Rodriguez?
- >
- > Of greatest concern to me and many other thousands of Canadians is that the
- > right to have an Advance Directive written when a person has been diagnosed with
- > dementia was not honoured. I watched my mother take a very long time to die once
- > she was unable to speak for herself; it was horrible.
- > Please reconsider your stance and amend this legislation so that the ruling of the Supreme Court
- > is honored and the 21 recommendations made by the Special Joint Committee on Physician Assisted
- > Dying are honored.
- > Thank you,



Ministerial	Corres	pondence	Unit -	Justice	Canada

From: Sent: To:	Prime Minister/Premier Ministre < April-28-16 1:08 PM	PM@pm.gc.ca>	i Billio Standard (1995) e i Parin Parin (1995) e i Parin Parin (1995) e i	
Cc: Subject:	Ministerial Correspondence Unit Office of the Prime Minister / Cab	- Justice Canada; Jane P inet du Premier ministre	hilpott, P.C.,M.P.	
Dear		. *		B
On behalf of the Right Hon regarding physician-assiste	ourable Justin Trudeau, I would liked dying.	ke to acknowledge receip	ot of your corresponder	nce
Interest to the Honourable Honourable Jane Philpott,	r comments have been carefully re Jody Wilson-Raybould, Minister o Minister of Health, I have taken th I to give your concerns every cons	of Justice and Attorney Go the liberty of forwarding y	eneral of Canada, and t	the
Thank you for writing to th	e Prime Minister.			
J.P. Vachon Manager/Gestionnaire Executive Correspondence for the Prime Minister's Of Services de la corresponda de la haute direction pour le Cabinet du Premier	fice nce			
		•		8
>>> From: 2016 03:29:26 PIVI >>>	Rece	ived: 23 Apr		
>>> Subject : re Bill C14	>>>>			
Dear Prime Minister,		·		
As a concerned Canadian c dying.	itizen I'm asking you today to help	fix Bill C-14, the flawed	proposed legislation fo	or assisted ,
	iting assisted death to Canadians v ly foreseeable" - who is to pred		•	<u>S</u>
death will occur?				
				8

conaider this restriction violates my right under Section 7 of the Charter.	s.19(1)			
- The clause denying advance requests is also unacceptable.				
Please do not allow this Bill to pass before it is amended to honor the spirit of the Supreme Court's ruling.				

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 4:58 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

madufied form UTD

From:

Sent: April 28, 2016 1:57:51 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing to express my concerns with the legislation your government tabled on April 14. There should be clear conscience protections for health care workers and facilities in the legislation. People should not be forced to participate against their convictions, either through referral or by doing the procedure.

It is not enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

I respectfully request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities. Thank you for your time.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 9:48 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: =1=: Bill C-14 Needs Conscience Protections

modred form

From

Sent: April 28, 2016 6:47:40 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** =1=: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for both health care workers, and facilities, in the legislation. Many people, like me (a retired physician) are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation, and if they do, there is unlikely to be consistency. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience, or to force the closure of facilities that cannot provide medical assistance in dying for moral reasons. There are other means of assuring euthanasia is available if people want it, as other states and countries demonstrate. Why would Canada not have concern for rights of all its citizens?

I respectfully request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 11:33 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From:

Sent: April 28, 2016 8:33:09 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation; I am particularly concerned about this because is a doctor and we will be directed impacted if he is forced to act against his conscience. It is not right that he should be forced to participate against their deeply held convictions, either through referral or by doing the procedure. Many people, like me are opposed to legalization.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. If physicians, including my husband, are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 11:33 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From:

Sent: April 28, 2016 8:33:13 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

P.S.

The right to express and live our religious beliefs is fundamental. Failure to protect conscience rights really undermines the the future protection of other rights.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 9:08 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From:

Sent: April 28, 2010 0:07:40 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing to you today to express profound concern in regard to the legislation your government tabled on Thursday April 14. An individual's conscience is fundamental and thus it must be respected and protected, and this should be made very clear in the legislation regarding physician-assisted suicide. Many people, like me are opposed to legalization of this practice. Above all, it is not right that people should be forced to act against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments, Canada will become the only country in the world that does not provide legal protections for people who in good conscience cannot participate in medical assistance in dying because of their moral convictions. Considering what our country stands for as a leader in peace and freedom, I suspected that Canada would be the last to pass such a legislation which forces one to violate their conscience.

It is unacceptable to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

I beseech you to please carefully consider these concerns as these deliberations continue to be conducted. I humbly request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you for your consideration in this grave matter.

Sincerely yours, and loyal subject to Her Majesty The Queen,

From: Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent: April-28-16 2:14 PM

To: Ministerial Correspondence Unit - Justice Canada **Subject:** FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 28, 2016 11:13:15 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee 'that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

The Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to do things against their conscience or religious convictions. There are ways to respect patient decision making while also respecting the rights of caregivers and facilities not to be involved.

Objecting health care workers and facilities are not able to participate in euthanasia for reasons of conscience, ethics, organizational values, religious convictions or the Hippocratic Oath. Many are members of religious traditions that consider referral of any kind, or allowing assisted death on facility premises, as forms of participation in euthanasia.

For instance, I currently have many friends studying to become healthcare workers, registered nurses, and doctors. They have put many years of hard work into achieving their dreams to help people in need. They are on the verge of graduating and entering the workforce. However, should conscience rights be revoked, they will be forced to switch fields entirely. We need more qualified and ethical people choosing to enter the medical field, not less.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

I would also like to see increased funding for palliative care, mental health and support for people with disabilities; people who are in desperate need to have supports in place so that they not only have an alternative to assisted death, but feel welcomed, supported, and loved in our country and province.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-Apr-29 11:13 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From

Sent: April 29, 2016 8:12:39 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

If this bill is passed without amendments, Canada will be the only country in the world that does not provide legal protection for physicians who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this, because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protection provided by the Charter of Rights and Freedoms, so that caregivers and their organizations will be protected from coercion and discrimination.

It is not necessary to force dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience. It is not necessary to force the closure of facilities that cannot provide medical assistance in dying. If physicians such as myself are forced to leave the practice of medicine because of these short-sighted policies, then all of my patients will be left without care. In addition, my patients will not be able to find the kind of doctor that they would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying (such as St. Paul's Hospital in Vancouver - my Family Medicine residency alma mater) will be forced to close should the provincial government stop funding them.

The government could provide the medical professional community with a database – which could be as simple as a toll-free number – that would connect patients with willing providers and information, thus protecting morally-opposed physicians from participating in or endorsing their patients' suicide.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect the conscience rights of Canadian physicians, other health care providers, and objecting facilities, in addition to protecting the vulnerable.

Thank you for this opportunity to share my views. Sincerely,

Page 308 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-Apr-29 5:05 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 29, 2016 2:03:49 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

Please include in Bill c 14 clear conscience protection for health care workers. Legalization of assisted suicide is dangerous, problematic on many levels...

Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: To: April-29-16 9:44 AM

Cc:

Ministerial Correspondence Unit - Justice Canada, Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From :

Received: 26

Apr 2016 12:10:13 PM >>>

>>> Subject : Assisted dying >>>>

Dear Prime Minster Trudeau,

As a Canadian citizen I implore you to please step back from the assisted dying bill. We are a country that respects life and to make it legal to take a life is not what we are about as Canadians. Let's instead ensure that palliative care is enhanced and easily accessible in all parts of Canada.

Why on one hand are we horrified by the number of suicides in some communities and are sending resources to help reverse this trend and on the other hand we are assisting with death?

At the very least a bill that changes what and who we are as Canadians should go to a referendum. All Canadians should have a vote on something this important.

Thank you for taking the time to consider my comments.

Sent from my iPad

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

April-29-16 9:44 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

Received: Apr 26 2016

5:16:35 PM >>>

committee of MPs and Senators. **The bill effectively excludes individuals with a diagnosis of a severe illness from access to their right to die with the help of a doctor. I strongly believe that essential amendments must be made to Bill C-14.*

- *My concerns, as outlined by representatives of the BC Civil Liberties Association, Dying with Dignity, and supported by the majority of Canadians are three-fold: *
- *1. The draft legislation does not meet the minimum standard of the by introducing the requirement that natural death be "reasonably foreseeable."

Kay Carter would not have qualified for an assisted death because her illness could have brought her years more of suffering.*

*2. If this legislation is not amended, many Canadians will be left behind

^{*}Dear Prime Minister Trudeau.*

^{*}I am extremely concerned that Bill C-14 contradicts the Supreme Court of Canada's ruling on physician-assisted dying that ironically was the driving force for the legislation, **despite the recommendation of the all-party

- those with excoriating chronic illness who face suffering for years because they are not yet dying, for example, those with MS or ALS.*
- *3. Without advance consent, which is NOT included in Bill C-14, people with a diagnosis of dementia and other degenerative medical conditions that lead to later inability to give informed consent will be faced with a cruel choice: take their lives too early or die a horrific death. As well, people who have been approved for an assisted death but who become incompetent (e.g., fall into a coma) along the way will no longer qualify and their suffering will continue.*
- *In addition: there is nothing in the Bill about the responsibility of physicians to refer patients to another physician if sthey object to assisted death.*
- *Some religious groups and some other intervenors (of opposite minds) have noticeably influenced government policy. These individuals and groups have beliefs (ie.,opposed to the legalization of abortion and same-sex marriages) which they seek to force upon all of us. This is an affront to the secular nature of our country and is unacceptable. They demand that we live and die by their standards; the Supreme Court prescribed dignity and choice for all.*



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·	*

* All Canadians need **access to their right to die with the help of a doctor, if they so choose, when they meet the criteria set out in the Supreme Court of Canada's ruling on physician-assisted dying. I sincerely reiterate: essential amendments must be made to Bill C-14.*

*I respectfully request that you seriously consider amending this Bill in accordance with the expressed wishes of the Canadian electorate or failing that to vote for referring the proposed Bill back to the Supreme Court in order for them to assess whether it adequately guarantees Charter Rights. *

Sincerely,	

s.19(1)

Ministerial Correspondence Unit - Justice Canada Prime Minister/Premier Ministre <PM@pm.gc.ca> From: Sent: April 29, 2016 2:02 PM To: Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P. Cc: Subject: Office of the Prime Minister / Cabinet du Premier ministre Dear On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying. Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration. Thank you for writing to the Prime Minister. J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance s.19(1)de la haute direction pour le Cabinet du Premier ministre >>> From: Received: 26 Apr 2016 06:14:35 PM >>> >>> Subject: PM Web Site Comments - Justice and Attorney General of Canada >>>> Date: 2016/4/26 18:13:45 Name/Nom:

Comments/Commentaires: Dear Prime Minister, I am writing to express my concerns with the legislation tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure. If this bill is passed Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to pass the responsibility of protecting conscience rights to the provinces because there is no guarantee that they will pass legislation on this topic. Federal legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination. It is not necessary to make dedicated physicians and healthcare workers put their careers on the line and open themselves to professional disciplinary action simply because

E-Mail/Adresse électronique :

Province:

they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities, which cannot morally provide medical assistance in dying, will be forced to close should they be required to provide this procedure by a provincial government. Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, health care providers and objecting facilities. Thank you.

Ministerial Correspondence Unit - Justice Canada

From: Sent: Prime Minister/Premier Ministre < PM@pm.gc.ca>

Sen To: April-29-16 9:43 AM

Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 23

Apr 2016 04:10:24 PM >>>

>>> Subject : Charter right of Freedom of Conscience >>>>

Dear Prime Minister Trudeau,

I am writing to you as a concerned citizen. I am concerned about the future of our country as Canada moves ahead with its plans of legalizing euthanasia and assisted suicide. I am devastated that our country feels that Euthanasia is acceptable and compassionate. Euthanasia and assisted suicide do not respect human dignity or promote the rights of the person. Each human life is infinitely valuable. We must never endorse or permit taking a human life.

I am concerned that the use of the term suffering will mean that this practice will allow non terminal patients to have access to assisted suicide. This would put many vulnerable groups at risk such as the mentally ill, disabled and those with cognitive impairment. No person should have to provide justification that their life is worthwhile.

I am appalled that medical professionals will be forced to violate their conscience and rights by participating in Euthanasia.

It is the job of the medical community to work to heal and protect human life. Forcing doctors to provide referrals to help a patient to die is only going to deter good people from entering these job markets. It will change the way that our country and health care institutions approach end of life care and leave those vulnerable citizens without a voice.

Please ensure that the Charter right of Freedom of Conscience for institutions and medical professionals are protected. Please do not force our good doctors, nurses, and pharmacists to leave their professions or violate their beliefs.

Sincerely,



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From: Sent: To:	Prime Minister/Premier Ministre April 30, 2016 9:08 AM	<pm@pm.gc.ca></pm@pm.gc.ca>		*
Cc: Subject:	Ministerial Correspondence Unit Office of the Prime Minister / Ca	Justice Canada; Jane Philpot binet du Premier ministre	t, P.C.,M.P.	
Dear				
On behalf of the Rig physician-assisted of	ght Honourable Justin Trudeau, I would I dying.	ike to acknowledge receipt of y	our correspondence reg	ardin
interest to the Hon- Honourable Jane Pl	hat your comments have been carefully ourable Jody Wilson-Raybould, Minister nilpott, Minister of Health, I have taken t will wish to give your concerns every con	of Justice and Attorney Genera he liberty of forwarding your e-	of Canada, and the	
Thank you for writi	ng to the Prime Minister.	s.19(1)		
J.P. Vachon		5.13(1)		
Manager/Gestionna	aire		•	
Executive Correspo			•	•
for the Prime Minis				
Services de la corre			•	,
de la haute directio				
pour le Cabinet du l	Premier ministre			
		<u>.</u>		
>>> From:	Received : 2	28 Apr		
2016 12:52:01 AM	>>>			
>>> Subject : Bill C	-14 >>>>	•		. 5
To the Honourable Justin Trudeau, Prin	Joyce Murray, MP; the Honourable Jody ne Minister; and the Honourable Rona A	Wilson-Raybould, Minister of J mbrose, Leader of the Oppositi	ustice; the Right Honour on:	able
	•			
		÷		J
am glad that the protection of a	horrified at the recent parliamentary co oposed legislation of Bill C- 14 is not as r any such proposed legislation on	mmittee recommendations rep adical as initially suggested, I ar	ort on euthanasia, and with a gravely concerned abo	while out
our society.		•		
	·			-
				•
I would urge you to	do anything in your power to prevent the	nis Pandora's box from opening	any further.	•

Doctors,

other healthcare professionals and institutions should NOT be required to perform this procedure OR to refer patients for euthanasia, which ethically is THE SAME THING. Most doctors and healthcare professionals go to school to be

healers, not killers, and part of the Hippocratic Oath that they take is to do no harm. The Supreme Court's decision clearly stated in Carter, "[i]n our view, nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying."

Freedom

of conscience is enshrined in our Charter of Rights and Freedoms and needs to be respected and explicitly protected.

The current legislation as proposed is extremely broad. We are

ALL mortal, so by definition, anyone's death is "reasonably foreseeable." Moreover, what about cases of misdiagnosis where someone's condition could have turned around for the better?

As for those pushing to

get advance directives included in this legislation, an advance directive gives a doctor or other party the ability to legally kill a person without their consent if they are no longer able to consent. So whose choice is it really in the end? Who knows how the ill person would really feel at the time when they are in a difficult situation?

What about vulnerable First Nations communities? We've seen the tragic situation that happened recently in Attawapiskat. How would this proposed legislation impact First Nations communities, particularly in remote areas where any kind of health care might not be as readily available?

Whatever happened to suicide prevention? What kind of message are we sending when we say, "We'll offer to kill you but we won't provide you easy access to a doctor or better palliative care options?"

What about gold-digging

relatives who are trying to convince a person to speed up death so they can claim an inheritance?

Euthanasia and/or so-called medically-assisted dying is not "compassion."

It is not "protecting the vulnerable." It is not "care" nor is it a "service," no matter how anyone tries to sanitize the terminology. It is a symptom of a self-centered society that doesn't care and that is failing to protect its most vulnerable citizens.

I understand that proponents of assisted suicide feel that a person in tremendous pain has lost their dignity. However, dignity is inherent in personhood and is unchanged by the outward condition.?

Rather than kill those who have lost hope or feel that they have become a burden to society, we need to help them by providing better care, particularly palliative care.

Ideally, the proposed legislation should be thrown out and the wording against the assisting suicide should be strengthened.

However, at bare minimum, don't force doctors and nurses to kill their patients, and make any such assisted suicide legislation as restrictive as possible.

I invite your response.

Respectfully yours,

s.19(1)

May 1, 2016

Dear Minister Wilson-Raybould,

This letter is in regards to Bill C-14 that will Igalize enthanasia/ assisted socicide in Canada.

Its a younger Canadian citizan this bill distresses me greatly. It pride myself in being past of a generation that holds speak close to our teach and we strive to be open and understanding to those of all walks of life. It am concerned about the vulnurable that this bill threatens: the elderly, the disabled, the mentally ill, the terminally ill. Reople who suffer in any way are at great risk of being viewed, (or of viewing themselves), as a spainful burden and a sproblem to be solved. When we what to spresume ourselves in any sposition to determine quality of life for our fellow man, we brink on the edge of a suppery slope. When we go down this road as far as anding our fellow man's life by our own hands, what is to stop us from deciding that whole communities do not have a good enough quality of life by our standards? What whole communities do not have a good enough quality of life by our standards? What whose us from bombing the starring children in africa? What stops us from taking our police action in other countries to the same extent based on our belief that we are being merciful and now there is less suffering? Our values start at home, let us be very cauful or our own soil.

My other main concernes also stems from my lanadian citizenship. It was born and vaised in Canada, as were my ancestors. Growing up. et felt a certain security in living in a 'free country' I am free to believe what it want, spractice the religion I want, say what I want, study what I want, many who et want, have os many children as I want, have the ability to vote, to have my voice heard as equal to that of a man's, to have equal opportunity to any occupation I want, etc.. I have always, and still do, consider myself blessed to have to so many privileges. This is what it means to me to be lanadian, to be free. I am concerned that Bill'I'll will sufficate our freedom. Dotors, russes, pharmacists, wen family members may be forced against their own wills to yearticipate in something they feel strongly against. Where is our individual freedom in this? It's not like this is an issue of being asked to wear a certain colour we don't like, or to offer a service to someone we don't agree with; This is a matter between dife and death. I permanent and. It's about forcing people to kill against

their individual beliefs. This goes against everything I thave held dear as Canadian

ceclimo as hank have such e-mails, luer tandwritten this letter on a techno Canadian for taking the time individuals petitions chall inthive come hope you will - Joseph Klease also, sprotest raproduces

Sincrely

RECEIVED/REÇU

MINISTRE DE LA JUSTICE

MINISTER OF JUSTICE

MINISTER OF JUSTICE



The Honoroble Jody Wilson-Raybould Hinister of Justia & Attorney Cheneral of Canada 284 Wellington Street Ottawa, ON KIA Otts

000323

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre < PM@pm.gc.ca>

Sent:

May 01, 2016 6:30 PM

To:

wiinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

s.19(1)

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: Apr 29 2016 5:41:55 PM >>>

Date: 2016/4/29 17:41:50

Name/Nom:

E-Mail/Adresse électronique :

Telephone/Téléphone:

Comments/Commentaires: Mr. Trudeau, I am writing again regarding the law for Medical Aid in Dying which will soon be introduced in Canada. As a worker in health care I am urging you to write a law that is as restrictive as possible. Especially do not require health professionals who by conscience are opposed to Euthanasia to refer patients to a doctor who would perform this procedure. I am concerned that many health care workers, in order to keep their job, would feel pressure to both discuss and direct patients to this service which might be against their own moral principles. Either that or leave a career that would cause personal and family distress

I would think that many young people might be rethinking their choice of career in health care which would be a loss for us all. Hopefully Canada will continue to be a country where the laws will protect the freedoms and rights of all Canadians. Sincerely,

Ministerial	Corresp	ondence	Unit -	Justice	Canada

From:	
Contr	

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

May 01, 2016 3:14 PM

To: Cc:

ivimsterial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Attachments:

Assisted-Dying_Legislation Bill C-14.doc

Dear

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Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

Received: 28 Apr

2016 02:38:50 PM >>>

>>> Subject : BILL C-14: ASSISTED DYING LEGISLATION >>>>

Dear Committee Members Reviewing/Voting on this Bill:

I am strongly in favour of Right to Die Legislation, but C-14 falls short, painfully, horrifically short of its objective

Please review the attached letter. With much appreciation and strong hope.

This email has been checked for viruses by Avast antivirus software. https://www.avast.com/antivirus

22 April 2016

PRIME MINISTER
JUSTIN TRUDEAU
GOVERNMENT OF CANADA

Dear Mr. Trudeau,

Assisted Dying Legislation (Bill C-14)

Bill C-14 is a good step, but a terribly incomplete one. To virtually exclude terminal mental health from terminal physical health even for consideration will undoubtedly consign many legitimate prospects to a terrible living death.

Care Directive: 'Discontinue all Food and Water until Death'. This might take 20-40 days of painful dying. And for what reason??

Because C-41 fails to attend its duty, -- as stipulated by the Supreme Court Decision, backed by 80% of Canadians in a recent Ipsos-Reid poll, and the Liberal's Own Special Joint Committee on Physician-assisted dying.

Two scanned items are attached. The piece on 'Loneliness' is significant. Not temporary, common loneliness. Chronic, terminal loneliness which accompanies isolation, depression and dementia. New research published this week in the British Medical Journal 'Heart' increases a person's risk of coronary disease heart disease and stroke by 50%. Such loneliness research links to cognitive decline and poor immune system function.

Who does one's life belong to? If not oneself, to whom and why? With the projected alarming increase in rates of Alzheimers Disease in the next 10 years & beyond, crippling associated medical costs, shortages of space and adequate care staff, the affordability of such unnecessary, unwanted service, what rationale is their for not amending this legislation?

MR. TRUDEAU, I REQUEST YOU SEND A COPY OF THIS LETTER & ATTACHMENTS TO ALL MP's. Let the matter be debated. This is a free vote. Thanks very much.

s.19(1)

cc. Elizabeth May Rona Ambrose Tom Mulcair

-attachments (2) included: (in email through which this letter being sent).

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

May 01, 2016 3:16 PM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

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Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

Received: 29 Apr 2016 03:13:03 PM >>>

>>> Subject : PM Web Site Comments - Public Safety >>>>

Date: 2016/4/29 15:12:57 Name/Nom |

E-Mail/Adresse électronique :

Comments/Commentaires: Hello, as a concerned Canadian I just wanted to express my opposition to this proposed Bill C-14. I would appreciate it if you would vote against C-14 at every phase and call on Parliament to bring forward a new piece of legislation that would make assisted suicide and euthanasia illegal. This is still in your power to do. I would rather see our government invest into palliative care. Currently in Canada only 15-30% of Canadians have access to palliative care. This means that Canadians who otherwise might have chosen palliative care if it was available to them.

may choose assisted suicide instead. This is unjust. Canada must invest into palliative care for all Canadians before investing in assisted suicide for all Canadians. One of the Canadian Chartered rights is that every Canadian has the freedom of conscience. By forcing Canadians who are morally opposed to assisted suicide to participate in it through their tax dollars the government is forcing Canadians to do something against their conscience. This is wrong and I am opposed to assisted suicide being funded by taxpayer dollars. Also, Bill C-14 makes no provision for the protection of medical professional conscience rights. This means doctors and nurses who are morally opposed to physician-assisted suicide may be forced to participate in it against their conscience. This is a breech of the Canadian Charter of Rights and Freedoms. This is wrong. Please vote against C-14 at every phase because of these reasons. If Parliament is concerned about the Supreme courts deadline they can invoke the notwithstanding clause and have more time to bring forth a New piece of legislation that has clear guidelines and truly does protect all Canadians.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-02 9:15 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

From:

Sent: May 2, 2016 9:08 AM

s.19(1)

To: Wilson-Raybould, Jody - M.P.

Cc: Hon.Jane.Philpott@Canada.ca; O'Toole, Erin - M.P.

Subject: Bill C-14

The Honourable Jody Wilson-Raybould,

Minister of Justice

Dear Madam,

As a physician, I have read the proposed legislation Bill C-14 (An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). There is a lot that is quite vague in the proposal, and I hope you would consider clarification.

Both the summary and preamble of the bill mention the need for clear safeguards and eligibility criteria. However, this bill does not actually provide any clear guidance on this matter.

241.2(1)(d) states that the request "in particular, was not made as a result of external pressure". How is external pressure defined? Does the lack of adequate palliative care in this country count as an 'external pressure'? Financial concerns? Worries about being placed in inadequate long-term care or being a burden on family? In our current system, there will always be such pressures involved in such decisions, and I worry that, if these are not considered external pressures, this will become an excuse to neglect the aspects of our system that would otherwise support vulnerable patients.

241.2(2)(d) states that "their natural death has become reasonably foreseeable [...] without a prognosis necessarily having been made as to the specific length of time that they have remaining." As no one lives forever, death is nominally foreseeable for everyone. I understand that the goal is to leave this open to interpretation, but is this actually intended to be any sort of restriction or protection? If so, it should be made clear what the intended restriction is – the actual eligibility criteria is a rather significant point to the whole discussion. If not, it is a meaningless statement and should be removed so as to not clutter the intent of the legislation. It pretends to provide guidance without saying anything at all.

241.31 (1) states that, unless otherwise exempted, health care practitioners who received requests for medical assistance in dying "must [...] provide the information required by those regulations to the recipient designated in those regulations or [...] the Minister of Health." (241.31 states similarly for pharmacists.) Section (3) seems

to suggest that this is exclusively for statistical and information purposes, but with such vague guidelines regarding the regulations that can be made outside the direct purview of this legislation, I see nothing to prevent this from being used to force health care practitioners to be mandated to actively refer patients making such requests to a designated person. As forcing a practitioner to actively refer for something he or she considers morally reprehensible would be a clear infringement on conscience rights, I believe there needs to be a clear statement in this section that the regulations to be made by the Minister of Health may not infringe on the conscience rights of health care professionals.

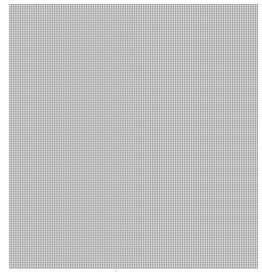
More broadly, nowhere in this legislation is there evidence that conscience rights of health care professionals are protected. While conscience protections are alluded to in the preamble, I can find no clear statement in the legislation itself that physicians who adhere to the Hippocratic Oath will be legally permitted to continue to do so. I understand that health care is often a provincial, not federal responsibility. I also understand that this entire piece of legislation could be seen to be affecting the provinces' ability to dictate health care. There is a good argument for having consistency in this matter across the country, and I argue that the arguments are similarly strong for ensuring consistency in conscience rights across the country. It is critical that physicians – who are also people protected by the Charter of Rights and Freedoms – also have a right to choose and hold their own morals and beliefs.

Point 3 of revisions to section 14 of the *Criminal* Code, exempting anyone acting in "reasonable but mistaken belief" that he or she is acting in accordance with the legislation, is quite concerning. While I certainly understand the intent of not wanting to penalize health care professionals who act in the way they believe their patients desire, I have two particular misgivings regarding this section. First, if a health care provider wrongly proceeds with medical assistance in dying, the patient is now dead. This is not a result that has any chance of correction – the error is, by definition, fatal. While I do not know the best way to ensure there is no 'good faith' error – probably this would require an outside evaluation of some sort – it is critical that there not be such errors in these literally life-or-death situations. Second, as the other party (the patient) is now dead, there is no way to truly confirm if this was the desire of the patient; the only remaining party to comment on discussions held with the patient is the health care provider, who presumably would not have proceeded without believing it was the patient's intent, i.e., in good faith. There will never be any way to prove an act was not performed with "reasonable but mistaken belief"; to imply a penalty for an act that can never be proven is pointless.

The proposed amendments to the *Pension Act* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, in both cases stating that an individual will be deemed to have died of the underlying condition in the event of receiving medical assistance in dying, is understandable when applicable to financial issues. However, I am concerned that if this is held as precedent, and we take this approach on a broad scale, it will obscure the true impact of medical assistance in dying if the actual cause of death, rather than the deemed caused of death, is not recorded in medical documentation such as death certificates. I wonder if this could somehow be addressed in the legislation as well, to ensure that the truth is not hidden behind technicalities and legal slight-of-hand.

The Supreme Court struck down the restrictions on medical assistance in dying, thereby requiring Parliament to address the issue. I have no doubt that, no matter what legislation is passed, it will be challenged from both sides of the issue, but I hope that the Court's intent was not to have legislation so vague that the first predictable step is to require further interpretation by the legal system simply to know what it is saying. Do not take the politically expedient approach. Please clarify the legislation, make clear what safeguards will actually be in place for these most vulnerable patients to protect them from wrongful deaths, and make clear what protections will exist for physicians whose consciences will not let them be involved. Then, and only then, will it be reasonable to consider if this legislation will adequately protect Canadians and do what is necessary for the country.

Yours truly,



s.19(1)

cc: The Honourable Jane Philpott, Minister of Health

The Honourable Erin O'Toole, Member of Parliament, Durham

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: 2016-May-02 1:52 PM To:

Cc: Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From: Received: 01 May 2016 04:47:02 PM >>>

>>> Subject : PM Web Site Comments - Public Safety >>>>

Date: 2016/5/1 16:46:49

Name/Nom:

E-Mail/Adresse électronique :

Comments/Commentaires: Mr. Trudeau, Bill C-14 endangers the Charter Rights to Life, Liberty, and Security of Canadians. Sec 241 (6) of the C.C, which provides exemption from criminal prosecution for homicide under the guise of "reasonable but mistaken belief" in the provision of MAID, places an inordinate amount of power and responsibility into the hands of 2 people in deciding the fate of a person, allowing for termination of life without a prior judicial review. Under these two circumstances, the safety of citizens, as stated under Sec 7 of the Charter of Rights and Freedom, is greatly diminished. It is the State's responsibility to ensure that no person's wish to die should infringe upon the life and safety of another person. For greater protection against wrongful death, and to reduce the burden of weight on individual assessors in making this decision, Section 241 (6) should be deleted, and a judicial review by an independent third party panel should be required prior to the termination of life. Anything less than this would be a serious oversight that places individuals at risk for wrongful death, as experienced in jurisdictions with permissive legislation on E/AS. Bill

C-14 lacks explicit protection for conscience rights of healthcare professionals and institutions. No person or institution should ever be coerced into participating directly, or indirectly (via "effective referral") in the intentional killing of another human being. The lack of explicit conscience protection in Bill C-14 will lead to a patchwork of legislation across Canada if left to the provinces to legislate. If the Canadian Government is serious about protecting conscience rights for health care professionals for the greater good of society on this grave matter affecting public safety and well-being, it must not eschew its responsibility to explicitly protect conscience rights in Federal legislation by amending Bill C-14 to include this protection. Sincerely

s.19(1)

B A 16-013763 MURLL MCW FD2 140013

The Honourable Jody Wilson-Raybould, P.C., M.P. Minister of Justice and Attorney General of Canada

I am writing you today to express my deep concerns with the legislation our Federal Government tabled on Thursday, April 14, 2016. In this legislation there should be clear conscience protections for health care workers and facilities.

Like many other sincere Canadians, from a vast spectrum of society, I am opposed to legalization of euthanasia or physician assisted suicide, by whatever term it is designated. It is not right that people should be forced to participate in ending the life of a fellow human being, against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments, I understand Canada will then be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying.

If these physicians are forced to leave the practice of medicine because of **short-sighted policies**, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you	, Sincerely,	٠

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-02 11:05 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 2, 2016 8:05:02 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

s.19(1)

Dear Minister Wilson-Raybould,

I am writing to express my deep concern about the proposed legislation on so-called "medical aid in dying." I will be using the term "physician hastened death" to denote has been referred to as "medical aid in dying," which I understand to include euthanasia and physician assisted suicide.

I am opposed to physician hastened death under any circumstances. A thorough explanation of the reasons for this is not the purpose of this letter. Suffice it to say that my position on this subject is rooted in religious belief, but also thoroughly considered and informed by personal and professional experiences.

I am deeply concerned that the proposed legislation does not include a reference to patients' *right* to high quality Palliative Care. A minority of patients have access to any Palliative Care, and numerous physicians and others, on both sides of the debate around physician hastened death, have emphasized that there should be a focus on ensuring access to Palliative Care for all Canadians. I join the Canadian Society of Palliative Care Physicians and many other groups and individuals who are calling for a legislated right to Palliative Care. To provide access to physician hastened death without access to Palliative Care will make patients feel that premature death is their only option. No one should ever feel this way.

I am also concerned that the legislation does not require any kind of a trial of Palliative Care before declaring a patient eligible for the extreme measure of having his or her life ended by a physician. It also does not require any kind of psychiatric assessment. The eligibility criteria are sufficiently vague that the number and type of patients who qualify may vary widely depending on the physicians involved. The opinions of two independent physicians in no way constitute a safeguard against abuse of these vague criteria. Patients with "psychological suffering" could easily include those who simply feel devalued by a society that determines worth based on productivity and achievement, or those who fear being a burden to their families. These patients deserve to have their value as human beings affirmed; willingly terminating their existence in no way affirms their value. I have already explained that I don't believe we should end our patient&rsq uo;s lives under any circumstances, but I would like to think that even those who are in favour of physician hastened death being available would hope that it is something that occurs only rarely and as an absolute last resort. I do not find reassurance that this will be the case in the proposed legislation. Although I do not support any legislation that permits physician hastened death, given the current reality that this legislation is being crafted I would suggest that the Vulnerable Persons Standard (http://www.cspcp.ca/wp-content/uploads/2016/01/CSPCP-Submission-to-the-Special-Joint-Committee-on-Physician-Assisted-Dying-National-Secretariat.pdf) sets out much more stringent safeguards than those in the proposed legislation and should be considered.

I would also like to address the issue of conscientious objection. Clearly I am a conscientious objector and I know that the Carter decision specifies the need to balance the Charter rights of the patient and physician. Although I recognize that the proposed legislation does not include a requirement for effective referral on the part of conscientious objectors, nor does it include a requirement for institutions to provide this service. I am troubled that it does not offer any protection for objecting physicians and institutions. This leaves physicians and institutions open to having their conscience rights violated by provincial legislation. The College of Physicians and Surgeons of Ontario, in it's "Interim Guidance" on physician hastened death, does require an effective referral. Physicians like me, whose personal morality prevents them from participating in physician hastened death in any way, are left with the choice of violating deeply held co nvictions about the value of life that are integral to who we are and how we care for our patients, or facing disciplinary action and potential loss of our licenses. Institutions that cannot provide physician hastened death may face the possibility of closure if required by the provinces to do so. Both the Canadian Society of Palliative Care Physicians (CSPCP) and the Canadian Medical Association have supported the conscience rights of physicians and have not suggested that an effective referral should be required. No other jurisdiction which permits physician hastened death requires an objecting physician to provide an effective referral. I want to continue to help the many Canadians who are in great need of Palliative Care, and I hope that I can do this without constantly fearing disciplinary action for following my conscience. The onus to provide patients with access to physician hastened death should not be put on physicians who have deeply rooted opposition to this practice.

Dying is something that everyone does. We do not need to live in fear of the dying process- it is a natural, and even beautiful, part of life. We care for the dying because all people deserve care, because all people have intrinsic value, and because caregiving affirms the value of life. Dying is the opposite of control and progress, which are so valued by our society. But dying embodies who all of us really are- vulnerable, interdependent people, needing and deserving love above all.

I thank you for taking the time to read this letter and I hope that my concerns are considered and addressed.

Sincerely,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-02 9:18 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

(Modified formiting

----Original Message-----

From

s.19(1)

Sent: May 1, 2016 9:28 PM

To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

To the Honorable Justice Jody Wilson-Raybould:

I am writing you today to express my deep concerns with the legislation of Bill C-14 your government tabled on Thurs, Apr 14. It is imperative that clear conscience protections for health care workers and facilities be set in place. Many people, including myself, are opposed to this legislation. It is unconstitutional that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments, Canada will be the only country in the world that does not provide legal protections for those who cannot participate in medical assistance in dying because of their moral convictions. There is no guarantee that the provinces will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms, ensuring caregivers and their organizations will be protected from coercion and discrimination.

Why should physicians and health care workers be forced to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience? Why should the closure of facilities be allowed because they cannot provide medical assistance in dying? We need dedicated and caring health professionals we can put our trust in.

There should also be restrictions on who would be allowed to assist in aiding an assisted death. Under Bill C-14 anyone other than medical or nurse practitioners have no obligation to report the circumstances. This could also give protection to those who desire to encourage patients towards doctor-assisted death. This is an opportunity for abuse, even from family members.

This bill requires that the same two independent physicians or nurse practitioners who do the killing will also file the report after the procedure. This is not acceptable because if there is any incompetence or coercion, no one else would ever know about it.

I urge you to carefully discern my concerns as these deliberations are conducted. We need to respect and protect the vulnerable, as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you,

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-02 9:16 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Hastened Death Legislation

From:

Sent: May 2, 2016 7:40 AM

s.19(1)

To: Wilson-Raybould, Jody - M.P. **Subject:** Hastened Death Legislation

Dear Honourable Jody Wilson-Raybould,

I write this, as I understand Parliament is about to have a short debate on the matter of Bill C-14, an Act to amend the Criminal Code and to make related amendments to other Acts in relation to what is most recently being termed "Medical Assistance in Dying."

I expect you will be getting lots of mail, on this topic and others, and that my letter may not even be read, however I feel the need to make you aware of my opinions on this topic, if for no other reasons than that I can tell myself that I have done it, and can show my grandchildren that I made an effort.

You are no doubt keenly aware of the issue and how we got to where it is today.

To summarize, in February, 2015, the Supreme Court of Canada unanimously declared the criminal prohibition against physician-assisted dying unconstitutional. A year later, at the request of the Federal Government, it allowed the government a four month extension to pass a law specifically regarding assisted dying.

The Supreme Court's primary decision is limited to situations in which the patient is a competent adult person who clearly consents to the termination of life. In addition, the patient must be suffering from "...a grievous and irremediable medical condition [...] that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition." In an attempt to clarify what might be considered a "grievous and irremediable medical condition," the Court stated that it includes an illness, disease, or disability. Moreover, the term "irremediable" is not intended to require the patient to attempt treatments that the patient considers unacceptable.

The Court expressly recognized a physician's right to refuse to assist a patient to die, based on freedom of conscience. The Court deferred to Parliament, provincial legislatures, and Colleges to establish appropriate frameworks that reconcile the *Charter* rights of patients and physicians. Those frameworks and statements are now being formulated, just as is the national legislation.

In February, a Special Joint Committee on Physician-Assisted Dying released their report, including 21 recommendations, and on April 14, the Federal Government tabled legislation regarding Medical Assistance in Dying. Bill C-14 has not gone as far as recommended by the Special Joint Committee or as suggested in the Supreme Court ruling. To access assisted death, a patient would have to have a "grievous and irremediable" illness, disease or disability and be in an advanced state of irreversible decline in capability. Death would have to be "reasonably foreseeable," but there would not have to be a specific prognosis or prospected time period before death.

At least five main differences between the Joint Committee recommendations and the proposed legislation are identified. The legislation specifically notes that death be reasonably foreseeable, it does not pertain to minors, it does

not include mental illness, unless death was reasonably foreseeable, it cannot be requested in Advance Directives, and there must be a 15 day waiting period.

According to the press, many, including Stephen Fletcher, who proposed a federal bill on Physician Assisted Death prior to the Supreme Court's ruling, have already predicted that the proposed new legislation will be challenged in court, because it does not go far enough.

As a physician, one who is very involved in the provision and promotion of Palliative Care services, I was disappointed by the Supreme Court decision. I am dismayed that a decision to support physician hastened death was made at least partly on the basis that individuals had poor pain and symptom control. How ironic that legislation is trying to remedy a problem of poor medical management (poor symptom control) by allowing medically hastened death instead of mandating improved symptom control. This, in my opinion, is a retrograde step.

Many Canadians remain confused about definitions. "How is Physician Hastened Death different from, and how does it fit with Palliative Care?" The World Health Organization defines palliative care as: "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." [1]

It goes on to state that it "affirms life and regards dying as a normal process, and that it intends neither to hasten nor postpone death." Proposed changes are about actively hastening death. So why the different names and terms? How is Palliative Care different from Death with Dignity, from Physician Assisted Dying, Medical Aid in Dying (the recent Manitoba term), or Medical Assistance in Dying (the new Federal legislation term)? Those of us working in Palliative Care are also aiming for dignity, and we assist people in their dying all the time. Again, in Palliative Care we intend neither to hasten nor postpone death. Medically Hastened Death, or whatever term it is given, should be seen as an alternative to, not a component of, palliative care. Palliative Care is about maximizing quality and dignity as long as life goes on. Medically Hastened Death is about ending that life.

There is also confusion about the difference between hastened death and the withholding or withdrawal of treatment, the latter of which is already legal. The difference is huge, and all about intent. The intent of medically hastened death is just that - intentionally shortening someone's life. When someone wants not to undergo a treatment, we withhold it, not with the direct intent of taking their life. In fact, sometimes refusing a recommended treatment does not result in the deterioration we had expected. Health Care Professionals often provide options for treatment, and some patients will decide to decline, so it is withheld. We also withdraw treatments that people no longer want. This is also a form of withholding – withholding ongoing treatments. Again, the goal is not to take a life, but to stop doing something that is interfering enough in the patient's life that they no longer want it. Surprisingly, even patients on dialysis, who choose to stop, sometimes live much longer than we expect.

Whatever treatment offered, prescribed, or administered, it is never meant to shorten someone's life. At a public forum in Winnipeg in the fall of 2014, Stephen Fletcher (at the time a Member of Parliament), stated that people were already receiving life-limiting doses of morphine in palliative care units. Sadly, many people, including medically trained individuals, have said that Palliative Care practitioners are already ending people's lives early. In fact, Palliative Care research has proven that opioids used proportionately to pain do not hasten death. Mr. Fletcher went on to say that nursing homes were already withholding food and fluids from patients. In fact, it has been shown that the ongoing use of fluids, in most dying patients, does not prolong life, so the discontinuation of fluids does not shorten it. Similarly, the administration of palliative sedation does not shorten life when used appropriately in the last week or two of life.

A large reason for the challenge to the Supreme Court in the first place, is that of autonomy. Autonomy seems to have become the most prominent ethical principle. The original four were non-maleficence ("do no harm"), beneficence

(something done for the benefit of others), autonomy and justice. "First do no harm" has been replaced by autonomy. That should not be surprising, given the way things have progressed, particularly in the so-called developed world, over the past number of decades.

Those who are dying have little control over this aspect of their life. Some of them are asking for more control. While it may seem that they will have more control with the legislation, that control will change. Although not allowed in the currently proposed legislation, it seems very likely that in the near future the inability to request hastened death in an Advance Directive will be challenged. One would expect that such a challenge would be reasonable. Other requests and directives are allowed, so why would one's wishes related to a decision about medically hastened death be different? And once an individual allows someone else to make that decision, have they not taken the first step towards giving control to someone else? And there will be more steps to come. Next, we will be asking why we cannot make decisions in the best interest (we will, at least initially, truly mean their best interest) of those who cannot make decisions, but have not made an Advance Directive. What will be next after that? In the attempt to gain control over our own dying, we may actually see a loss of control over time, in ways that we can perhaps not yet imagine today.

The proposed legislation contains a number of safeguards. Safeguards are set up to prevent damage, loss, or abuse. But there are safeguards against the prescription of strong opioid painkillers, and they still get into the system some way, and kill people who are using them inappropriately. Like any other rules, it is most likely that they will at times be broken; safeguards will be overcome.

Perhaps more concerning and dangerous is the insidious way that hastened death could become an accepted norm, easier to perform than the time it takes to care for individuals and families, and less expensive. I have heard said that the option of hastened death should be one brought up by the patient and not suggested by a health care professional, but how much easier will it be to say, "Perhaps you should consider hastened death," especially by those clinicians who do not see as much value in a life that is deteriorating, or those who simply don't have the experience and expertise to deal with complicated symptom management (even though they feel they might have that expertise). While that may not be the intention at this time, it will become a reality that is not easily fenced in by safeguards.

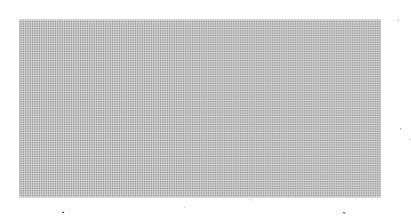
As a Palliative Care Physician, I have no intention of being part of a team that ends a person's life. It would cause confusion in the minds of the patients who do not choose death hastening measures, and cause them to worry about my true intentions. I am thankful that the Supreme Court and the proposed legislation makes note of conscientious objection. I would suggest that those statements be strengthened.

I do have some suggestions pertaining to the importance and availability of Palliative Care services.

- 1) Ongoing efforts need to be directed at Advance Care Planning, viewed in the broadest sense. Patients and families need to know a realistic sense of their prognosis, as one cannot envision a future without having a sense of how long that future might be. Once they have heard an honest appraisal of length of survival (as difficult as that might be), they need a chance to discuss their goals, their fears, and the trade-offs they are willing to make between treatment and the potential side effects of treatment, to achieve the best quality of life possible. We, in society, and in the health care professions, have not done these discussions well. And in the process, we have and do sometimes prolong people's dying, rather than their living.
- 2) The World Health Organization's definition uses a very intimidating word in their definition of palliative care: *IMPECABLE*. Synonyms for impeccable are words like flawless, faultless, unblemished, spotless, exemplary, etc. It is no wonder that individuals want their lives ended, when they fear dying after having witnessed others' uncontrolled symptoms. We need to commit to and expect better symptom management, from the onset of illness until the very end of life. That includes not only pain, but also other physical symptoms like nausea and shortness of breath, psychological symptoms like anxiety and depression, social issues like poverty and isolation, spiritual and existential concerns the experience of Total Suffering.

- 3) The request for hastened death is something many of us have heard. Comments such as "I wish this was over," and "I just want to die," need to be taken very seriously. In fact, only a few them are actual requests for hastened death. The desire for hastened death is actually a continuum of thoughts and fears and worries and requests, involving a number of themes. All health care professionals need to develop a better understanding of suffering and be willing to address this important area with patients and their families.
- 4) High quality palliative care services need to be more available to people around this country, including rural and remote areas. Palliative Care and other Health Care Providers, as well as many community groups and individuals have been saying this for the past two decades. How sad that there is a move towards mandating Medically Hastened Death in hospitals, personal care homes, and private homes throughout this country, when there is no such mandate for palliative care services, and no guarantee that these services will be available. This disturbs me deeply, as I believe we will soon realize that in fact hastening someone's death is quicker and less expensive than continuing to care for them.

Thank you for your attention to my concerns.



s.19(1)

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^[1] WHO Definition of Palliative Care. http://www.who.int/cancer/palliative/definition/en/

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-02 9:19 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: I support conscience rights & the protection of the vulnerable.

Hoditical form 24

s.19(1)

From:

Sent: May 1, 2016 5:22 PM To: Wilson-Raybould, Jody - M.P.

Subject: I support conscience rights & the protection of the vulnerable.

To My Member of Parliament;

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-02 9:40 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject: Attachments: Office of the Prime Minister / Cabinet du Premier ministre BCHA_C14_Brief_-_Restore_Patient_Centred_Approach.pdf

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 01 May

2016 02:01:09 PM >>>

>>> Subject : Bill C-14 Physician-Assisted Dying >>>>

I am extremely disappointed that the Gov. of Canada has failed to meet the criteria established by the Supreme Court ruling that struck down Canada's ban on physician-assisted dying.

Bill C-14 needs to better align with the criteria established by the Supreme Court by..:

- Adding provisions to allow for advance requests and annual, public reports on assisted dying requests.
- Enshrining medical assistance in dying in the Canada Health Act to ensure the principles of universality and accessibility are upheld.
- Removing overly broad eligibility restrictions that would limit access to the terminally ill and adults.

s.19(1)

This issue is WAY too important to not get it right in a manner that addresses the needs of our entire society. Many progressive societies around the world have evolved to recognize that pain and suffering in one's last days need not be the only path. We don't like to talk about it, and prefer to avoid acknowledging it as long as possible, but death is the final chapter for every one of us; choice with compassion as we face the inevitable is what C-14 should be about. When one faces only deterioration and pain, that they have the CHOICE to say enough is enough.

This choice absolutely needs to include advance requests and directives so that a person need not be forced consider a request to end life earlier than they wish only because they know that once they can no longer make a request by themselves, they are left only with a path to suffering (ALS, Alzheimers, advanced cancers, and just a few examples of cases where advanced directive can help a person to feel they need not rush to request an early end).

We have an opportunity to get this right the first time. Don't mess it up will a half-ass bill that tries not to step too heavily on the toes of the Right.

I am in full support of the brief submitted by BCHA (copy attached).

I use [ProtonMail](https://protonmail.ch/)for sending secure e-mail.

Restore the patient-centred approach

A brief by the **British Columbia Humanist Association** to the Standing Committee on Justice and Human Rights regarding amendments to Bill C-14, *An Act to amend the Criminal code and make related amendments to other Acts (medical assistance in dying)*



April 29, 2016

Following extensive consultation with stakeholders representing a wide diversity of viewpoints, the Special Joint Committee on Physician-Assisted Dying produced a laudable set of recommendations for legislation governing medical assistance in dying (MAID) in Canada. We are deeply disappointed that the Government of Canada chose not to implement these recommendations in its legislative response, Bill C-14. We urge the Standing Committee on Justice and Human Rights to adopt the following amendments, based on our full submission to the Special Joint Committee¹ and its final report.

Page	Line(s)	Proposal	Reasoning
2	12	Add paragraph: "Whereas the	While the bill references the principles of
		Government of Canada commits to	the Canada Health Act (CHA), there is no
,		working with the provinces and	guarantee that the principles of universality
		territories to ensure the principles of	will be upheld based on our reading of the
		universality and accessibility apply to	bill. Lacking such a commitment we believe,
		medical assistance in dying by	as occurred following <i>Morgentaler</i> ² , large
	,	requiring that health care institutions	disparities in access will inevitably
		that receive public funds must provide	developed across the country. Spelling out
		medical assistance in dying and that	in legislation a commitment to work to
	,	health care professionals are equipped	ensure no publicly funded health care
		to provide medical assistance in	institution turns away a patient requesting
		dying;"	MAID and that medical professionals are
			empowered to provide MAID would
		·	demonstrate such an effort to uphold the
			principles of the CHA.
2	13-23	Replace with: "And whereas the	As it stands, this paragraph flagrantly
		Government of Canada has committed	ignores Carter by passing the responsibility
		to develop non-legislative measures	for upholding <i>Charter</i> values to a later date.
		that would support the improvement	In the meantime, many Canadians are
		of a full range of options for end-of-life	condemned to suffer under these
		care;"	needlessly restrictive criteria. There is
			arguably also no need for the Government
	İ		of Canada to take a position on "the
			personal convictions of health care
			providers." Individuals make a choice to

¹ Allow assisted dying for all who choose it, BC Humanist Association, Jan 25, 2016. Online: http://www.bchumanist.ca/bcha calls on parliamentary committee to enshrine assisted dying rights in healt hcare system

² R v Morgentaler, (1988) 1 SCR 30

		·	enter the health profession. The choices of
			suffering Canadians should not be limited
		·	by those convictions. At a bare minimum,
			health care professionals should be
			required to provide an effective referral.
5	11	Delete "they are at least 18 years of	Restricting access to those over 18 is not
		age and"	only arbitrary but in clear violation of a
			Supreme Court of Canada ruling that
			mature minors have the right to decide
			their own medical decisions. Competency,
			not age, should be the test for whether a
			decision is free and voluntary.
5	24-25	Delete this section	This additional restriction violates the letter
			of Carter and discriminates against whole
			classes of people in suffering.
5	31-35	Delete this section	Similarly, this restriction is likely to be
			interpreted to limit MAID to those with a
			terminal illness. This, again, is needlessly
			discriminatory and an affront to Carter.
			That this phrasing is already widely debated
			and misunderstood is reason enough to
			remove this problematic language.
· 5	35	Add section:	The bill should explicitly allow for
		"Advance request	individuals to specify in advance the
		(3) A person may specify in an advance	circumstances under which they would
		request the circumstances under	want MAID. Prohibiting such requests
		which they receive medical assistance	discriminates against individuals who lose
		in dying if they develop a grievous and	competency but continue to suffer and will
	1	irremediable medical condition that	result in premature deaths by suicides.
		causes a loss of competence."	
6	3-12	Replace with: "(b) ensure that the	Having removed the earlier problematic
		person's request for medical	language regarding "natural death", this
		assistance in dying was made in	section can be simplified. This amendment
		writing and signed and dated by the	would then apply the same requirements to
		person or by another person under	both contemporaneous and advance
		subsection (4);"	requests for MAID, removing potential
			grounds for discrimination.
6	27-30	Replace with: "(g) ensure that the	Waiting periods are by their nature
		request is enduring and any delay	arbitrary and do not reflect individual
		between the day on which the request	circumstances. Those circumstances are
		was signed by the person and the day	best decided in close consultation between
		on which the medical assistance in	a medical practitioner and the patient,
		dying is provided is limited to 15 clear	where an upper bound on such a delay is
		days or"	limited to prevent unnecessary additional
			time in suffering.
6	37-40	Delete this section	A final, repeated confirmation of an
] -			individual's expressed consent discriminates
	<u> </u>		marviadara expresaca consent discrinimates

dividuals who have clearly
their wishes and meet the
it have lost competency when
be provided.
the public debate over MAID, to
dependent researchers to find
ontinue to improve access and to
o issues that arise from the
tation, the Minister should be
o publish reports with
ed data. This would both improve
ncy and the ability to implement
based policy.
strate its commitment to ensuring
is upheld under the Canada
t, the Act should be amended to
mention MAID. The Act is
to "medically required services"
nents will undoubtedly argue that
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ite over terminology when it
providing abortions and this has
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y explicitly including MAID in the
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al that it will uphold universality
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Contact

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-02 8:53 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From :

Received: 01 May 2016

09:22:53 PM >>>

>>> Subject : Bill C-14 >>>>

To the Honorable Prime Minister Justin Trudeau:

I am writing you today to express my deep concerns with the legislation of Bill C-14 your government tabled on Thurs, Apr 14. It is imperative that clear conscience protections for health care workers and facilities be set in place. Many people, including myself, are opposed to this legislation. It is unconstitutional that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments, Canada will be the only country in the world that does not provide legal protections for those who cannot participate in medical assistance in dying because of their moral convictions. There is no guarantee that the provinces will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms, ensuring caregivers and their organizations will be protected from coercion and discrimination.

Why should physicians and health care workers be forced to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience? Why should the closure of facilities be allowed because they cannot provide medical assistance in dying? We need dedicated and caring health professionals we can put our trust in.

There should also be restrictions on who would be allowed to assist in aiding an assisted death. Under Bill C-14 anyone other than medical or nurse practitioners have no obligation to report the circumstances.

This could also give protection to those who desire to encourage patients towards doctor-assisted death. This is an opportunity for abuse, even from family members.

This bill requires that the same two independent physicians or nurse practitioners who do the killing will also file the report after the procedure. This is not acceptable because if there is any incompetence or coercion, no one else would ever know about it.

I urge you to carefully discern my concerns as these deliberations are conducted. We need to respect and protect the vulnerable, as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

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From: Wilson-Raybould, Jody - M.P. < Jody.Wilson-Raybould@parl.gc.ca>

Sent: 2016-May-02 10:40 AM

To: Ministerial Correspondence Unit - Justice Canada

Subject: FW: Bill C-14: Amendments required: Prior judicial review, and conscience protection

From:

Sent: May 1, 2016 4:18 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14: Amendments required: Prior judicial review, and conscience protection

Dear Minister Wilson-Raybould,

I am writing to communicate my concerns regarding Bill C-14 which makes amendments to the Criminal Code for Euthanasia and Assisted-Suicide (E/AS), also termed "Medical Aid in Dying" (MAID). Bill C-14 requires appropriate amendments to ensure that the Charter Rights to Life, Liberty, and Security of the person are upheld in Canada.

Prevention of wrongful deaths and protection of the vulnerable should be the primary mandate and responsibility of the state. The proposed amendments to Section 241 of the Criminal Code, especially subsection (6) which provides exemption from criminal prosecution for homicide under the guise of "reasonable but mistaken belief" in the provision of MAID, places an inordinate amount of power and responsibility into the hands of two people in deciding the fate of a person. As it stands, the process allows for termination of life without a prior judicial review. Under these two circumstances, the protection of the right to Life and Security of citizens, as stated under Sec 7 of the Charter of Rights and Freedom, is greatly diminished. It is the State's responsibility to ensure that no person's wish to die should infringe upon the life and safety of another person. En bsp; For greater protection against wrongful death, and to reduce the burden of weight on individual assessors in making this decision, Section 241 (6) should be deleted, and a judicial review by an independent third party panel should be required prior to the termination of life. Anything less than this would be a serious oversight that places individuals at risk for wrongful death, as experienced in jurisdictions with permissive legislation on E/AS.

I am also seriously concerned that Bill C-14 lacks explicit protection for conscience rights of healthcare professionals and institutions who do not wish to be implicated in killing their patients. The last safeguard for patients is often the conscience of healthcare professionals who rely upon their clinical and professional judgment in evaluating a best course of action amidst varying demands including bed shortages, abuse/coercion from family members, lack of social supports, unaddressed existential distress, and other subtle pressures leading to requests for death. For the proper functioning of a healthy and free society, no person or institution should ever be coerced into participating directly, or indirectly through requirements of making an "effective referral", in the intentional killing of another human being. To do so would be a flagrant violation of fundamental freedoms of conscience under Se c 2(a) of the Charter of Rights and Freedoms, and deal a serious blow to the integrity and functioning of our country as the consequences of such violations are felt through time.

I recently heard from a physician who was an advocate for E/AS and who was involved in the capacity assessment for a patient who was later granted and received voluntary euthanasia. This physician shared the emotional cost to herself in being a part of this process. It was telling that even for a physician who advocates

for E/AS for patients in certain circumstances, there was an undeniable emotional impact and burden placed upon her to engage in this work. If this is true for someone who advocates for access to MAID, how much more emotional trauma will healthcare professionals who disagree with E/AS experience, if coerced into direct or indirect participation?

Coercion in participation takes many forms as a culture expecting the provision of MAID takes hold. From College policies, down to hospital policies, the current expectations infiltrating the workplace (if Federal legislation does not specify otherwise), is for physicians and healthcare professionals to make "effective referrals" for MAID, even if it goes against their conscience. The consequences of working in such a subtly coercive environment will have far reaching effects not only upon the individuals whose consciences are being violated, but also upon the rest of society. If healthcare professionals are no longer able to engage effectively in their professional duties, either because of burnout secondary to the emotional burden consequent to engaging in MAID, or because they have lost their license for refusing to engage in these procedures, the many other patients for whom these professionals care will also be affected. Although the request for MAID may be seen as an exercise of personal autonomy, the provision of it is certainly not an individual matter. Long after the patient who requested MAID is dead, those left behind will still feel the effects.

If the State chooses to enact laws that decriminalize E/AS in the form of MAID, it is the responsibility of officers of the state to ensure access, not individual healthcare professionals. This could be easily done by having a central registry of professionals specially licensed to provide MAID (like a methadone license), who would volunteer for engaging in this intervention if called upon, and a list of physicians who wish not to be engaged in it. The process of receiving and assisting in MAID should be completely voluntary from both sides, and each party should have the ability to decline at any point along the trajectory. To insist otherwise will have long-lasting negative effects on our society that will persist long after the death of the patient in question.

It is incumbent upon government to find a way forward that fully respects both patients and health care professionals. Although the preamble in Bill C-14 alludes to this goodwill, it holds insufficient weight in practice. The lack of explicit conscience protection in Bill C-14 will lead to a patchwork of legislation across Canada if it is left to the provinces to legislate. The provinces may leave it to the regulating Colleges, and as we have already seen in Ontario with the College of Physicians and Surgeons of Ontario (a regulating body whose policies change every 5 years), regulating bodies are prone to enforcing an "impoverished" understanding of conscience rights, as expressed by the Canadian Medical Association. The lack of conscience protection in Federal legislation on this issue will lead to years of instability on this matter. If the Canadian Government is serious about protecting conscience rights for health care professionals for the greater good of society, on this grave matter which affects public safety and well-being, it must not eschew its responsibility to explicitly protect conscience rights in Federal legislation by amending Bill C-14 to include this protection.

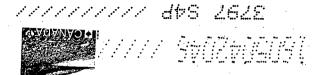
I hope you will give serious consideration to these concerns and act to support appropriate amendments that will rectify the current Bill C-14.

Sincerely,		
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	minister of Justice + attorney General of Canada
	Honorable: Wilson - Ray bould
	Honorable: Wilson - Ray bould. 284 Wellington St.
	Ottawa, Ont. MINISTER OF JUSTICE
	KIA DH8 2016 MAY 10 A May 2/2016
	ZUIO MAT TU A T ZA
·	Re Doctor assisted suicida. REGEIVED/REGU
1.	Der Constitution does not allow for anyone
	to accomodate suicide to anyone.
····	High Court does not push to make law
	happen in Curada Its unconstitutional.
2	Ensure that individuals and institutions
	can provide health care without having
	to compromise their moral convictions
·	Even a referral to third party is a form of
3	Due taxes should not be used to kill canadians
4.	Due taxes should not be used to kill canadians Doctors take an hypotoritish outh not to harm annone.
5	Those who suffer physical or mental pain and want helpto comit suicide ore not make -
	and want helpto comit suicide one not make -
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(-	The right to suicide is already there, some
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	species approved
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Minealer of Justices, Atomey Leaved of cerede. Honorable Gody Wilson-Kayboudd, 284 Wellington St. Ostowa On, Alb



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Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-03 11:49 AM

To: Cc:

winisteriai Correspondence Unit - Justice Canada; Jane Philpott

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Attachments:

Prime_Minister_Justin_Trudeau.docx

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician assisted death. Thank you for taking the time to write to the Prime Minister and for sharing your family's experience. Words are an inadequate consolation, but please accept my sincere condolences on the loss of your husband, Don.

Rest assured that your comments are appreciated, and have been carefully noted. I have taken the liberty of forwarding your e-mail to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, for their information and consideration.

Once again, thank you for writing.

S. Russell
Executive Correspondence Officer
Agent de correspondance
de la haute direction

>>> From :

Received: 14 Apr

2016 03:15:15 PM >>>

>>> Subject: Physician-Assisted Dying Bill >>>>

Prime Minister Justin Trudeau.

Please take time to read my letter and to re-think the limitations in this new bill.

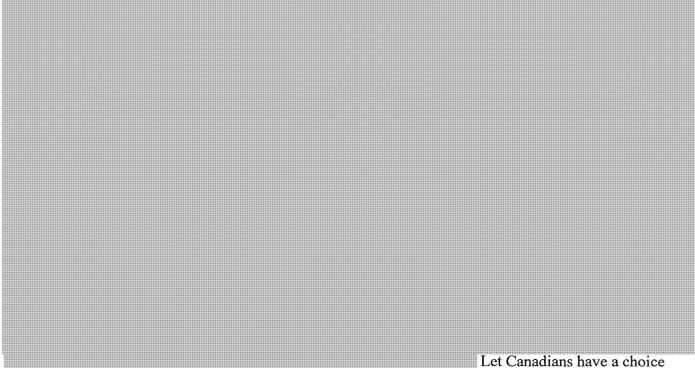
Thank you,

Prime Minister Justin Trudeau Office of the Prime Minister 80 Wellington St. Ottawa, Ontario K1A 0A6

s.19(1)

Dear Prime Minister Justin Trudeau,

After listening to the breaking news story today, April 14, 2016 on Physician -Assisted Dying, I implore you to rethink and retool the framework on this new bill. The bill as it stands is narrow and discriminatory. This bill does not allow for advance directives. This bill discriminates against individuals with mental illnesses even though I thought this bill was supposed to be a "Patient Centered or Canadian Centered Approach!" What part Canadian centered do you not get ,when overall, 80% of Canadians say patients with diagnoses for serious illnesses should be able to make advance directives for assissted-dying (according to a Feb. 2016 poll commissioned by DWDC and conducted by Opsos Reid). This bill as it stands does not allow dementia patients to have a say in their dying.



with the advance request directive!! People with mental illnesses need a CHOICE!

I implore you to rework this bill.

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: 2016-May-03 1:23 PM **To:**

Cc: Ministerial Correspondence Unit - Justice Canada; Jane Philpott Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

Thank you for your e-mail to the Prime Minister.

Please be assured that your comments have been noted and that they will receive due consideration from the Ministers, whom you also addressed in your correspondence.

Once again, thank you for writing.

S. Russell Executive Correspondence Officer Agent de correspondance

s.19(1)

de la haute direction

>>> From Received : 12 Apr 2016 11:32:51 AM >>>

>>> Subject: Euthanasia and Assisted Suicide in Canada - Protecting conscience rights and protecting the vulnerab >>>>

Dear Ministers Wilson-Raybould and Philpott, and The RightHonorable Mr. Trudeau

I am writing you to express my concerns about the protection of the vulnerable as well as conscience rights for Canadian physicians who refuseto participate in controversial procedures like assisted suicide/euthanasia. While I am opposed to any form of assisted suicide, I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case.

I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' conscience rights. I consider referral, even to athird party to be a type of participation. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities.

I am particularly distressed by recommendations that would provide access to assisted suicide for minors (by 2019), those who may be depressed, suffer from mental health issues or other vulnerable persons.

Why are we notstriving to provide greater support for these individuals as well as access topalliative care for all Canadians?

I believe that the Canadian Charter of Rights and Freedomsprotects Canadian citizens against being forced by the state to act againsttheir moral or religious convictions. There are undoubtedly other ways toensure that the request of the patients who choose these procedures is respected. It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action simplybecause they wish to follow their conscience or to force the closure offacilities that cannot provide physician assisted death.

If these physiciansare forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I wouldlike to have. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close should these recommendations be included in future legislation.

Please carefully consider my concerns as these policydeliberations are conducted. I request that whatever legislation is developedrespects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Sincerely,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>
Sent: May 01, 2016 3:15 PM

To: Cc:

ivimisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From: Received: 29
Apr 2016 06:28:U1 AIVI >>>

>>> Subject: I support conscience rights, and the protection of the vulnerable >>>>

Dear Prime Minister Trudeau.

While I am opposed to any form of euthanasia, I understand that the province will be developing legislation to regulate assisted death in the near future. I am very concerned about the protection of conscience rights for health care workers and healthcare facilities who cannot participate because of their moral or ethical convictions.

Provincial legislation must have conscience protections for health care workers and facilities like hospitals, nursing homes, or hospices. This legislation must protect health care workers from being forced to perform or refer for these

procedures, or being discriminated against because of their conscientious objection. In the same way, facilities must not be required to provide euthanasia on their premises.

No foreign jurisdiction that allows euthanasia requires physicians to refer or facilities to provide it. For example, California's law says that participation in any activities related to assisted suicide is voluntary.

Objecting health care workers and facilities are not able to participate in euthanasia for reasons of conscience, ethics, organizational values, religious convictions or the Hippocratic Oath. Many are members of religious traditions that consider referral of any kind, or allowing assisted death on facility premises, as forms of participation in euthanasia.

The Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to do things against their conscience or religious convictions. There are ways to respect patient decision making while also respecting the rights of caregivers and facilities not to be involved. Objecting caregivers and facilities are motivated by their concern for the well being of the patient. I would like to go to one of these doctors or be cared for in one of these facilities. If they are forced out of Canadian healthcare, I will not have this option.

This restricts my freedom of choice.

I would also like to see increased funding for palliative care, mental health and support for people with disabilities. People who are desperate need to have supports in place so that they have an alternative to assisted death. Sincerely,

From:

2016-May-02 11:14 PM

Sent: To:

Jody.Wilson-Raybould@parl.gc.ca; Jane.Philpott@parl.gc.ca

Cc:

Ministerial Correspondence Unit - Justice Canada; dave.mackenzie@parl.gc.ca

Subject:

Concerns from a physician about Bill C14

Dear Ministers Wilson-Raybould and Philpott,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in "medical assistance in dying" because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. There are alternative ways to ensure that patients have access to this procedure and to ensure the conscience rights of all are respected and supported.

The CPSO has passed a policy which requires doctors to make referral for "medical assistance in dying" if they will not do it themselves.

There is a huge need for palliative care in Canada yet I might be prevented from providing that care because of my position on "medical assistance in dying". I take issue with this terminology because we are really speaking about physician assisted death/suicide/euthanasia. "Medical assistance in dying" blurs the distinction between what palliative care doctors do in caring for patients at the end of life as opposed to those who will hasten their death by this procedure. Word smithing does not change the fact that this procedure causes someone to die intentionally.

I am concerned for vulnerable patients who will be coerced into choosing "medical aid in dying" because they are made to feel that they are a burden by those would benefit from their death. I am concerned for those with disabilities who may not receive the support they need to live optimally because it is more expensive to provide for optimization of their quality of life rather than to hasten their death. My understanding is that this bill does not go far enough to protect these people.

that some physicians or nurse practitioners won't take the time to tell the difference between a cry for pain relief rather than a cry for death.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.	
Sincerely,	

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 10:13 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: critical vetting of C-14 in committee

From:

Sent: May 3, 2016 9:40 AM **To:** Wilson-Raybould, Jody - M.P.

Subject: critical vetting of C-14 in committee

Honourable Minister Wilson-Raybould:

I was encouraged and relieved to read in the Globe and Mail today, that in committee, MP Chris Bittle rightly questioned the arbitrary and absurd "15-day waiting period" for assisted dying, in the flawed, narrow and mean-spirited Bill C-14.

When an anguished patient has finally made the decision that their quality of life has ceased, a long wait like that is cruel and unusual punishment of the most heinous type. I have witnessed it at close hand; it is appalling and brutishly pointless. Clearly you have had no personal experience with such grievous suffering, or you would not sponsor a bill with such hateful terms.

It is also appalling that the bill rejects the broad intent of the 9-0 Supreme Court's Carter ruling, as well as many of the recommendations of the parliamentary research committee. Every Canadian whose quality of life has ceased is entitled to the same Charter right to choose their death. There is no room for blatant discrimination.

We have waited 22 years since the Sue Rodrigues debacle of judicial and legislative cowardice and ineptitude.

It is 2016 -- time for responsibility and fairness and compassion.

In hope,

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 6:56 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From

Sent: May 3, 2016 3:55:34 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

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Thank you,	
Thank you,	

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From: Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent: 2016-May-03 7:06 PM

To: Ministerial Correspondence Unit - Justice Canada Subject: FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 3, 2016 4:06:15 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Hon Minister Wilson-Raybould,

Before the practice of doctor assisted suicide and euthanasia becomes available, Canadians should have universal access to palliative care. Only 30% of Canadians have such access. Proper palliative care and pain management can relieve suffering and the fear of death. Palliative care should be the first priority of government.

The protection of conscience rights of healthcare doctors, workers and hospitals must be another top priority of federal legislation. Freedom of conscience is protected under the Charter of Rights, and it must be included in the proposed law on assisted suicide and euthanasia.

According to Bill C-14, a person does not have to be terminally ill to request assisted suicide. The Bill permits access to medical assistance in dying for competent adults whose deaths are reasonably foreseeable. The fact that death is reasonably foreseeable for all of us makes this criteria meaningless.

Effective oversight and safeguards are simply an illusion. Bill C-14 allows a medical practitioners and nurse practitioner who approves the request for death to be the person who carries-out the death, and to be the person who reports the death. In matters of life and death, there must a independent third party, i.e. a court, to oversee the legal criteria.

Bill C-14, also, provides legal immunity to any person who does anything for the purpose of aiding in the person's request or act of assisted suicide.

My final comment addresses suicide. It used to be viewed as a social problem resulting in suicide prevention strategies. Our family has first-hand experience with the tragic death of a daughter-in-law by suicide seven years ago. Now, for some unexplained reason, suicide has become compassionate and almost fashionable with governments paving the way.

The foundational beliefs of our laws and way of life recognized an inherent dignity of human life. If our laws accept that some lives are not worthy to be lived, and thus, provide a way for those lives to be terminated, assisted suicide and euthanasia will replace treatment and care.

Parliament must respect and protect the conscience rights of physicians, all health care providers and medical institutions as well as the vulnerable in society.

Sincerely,

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of the Access to Information Act de la Loi sur l'accès à l'information

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: 2016-May-04 5:55 PM

To:

Cc: Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Attachments: MedAID_-_The_Case_for_igilance_of_Wrongful_Deaths_May_1_2016.doc

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From: Received:03 May 2016

01:41:49 PM >>>

>>> Subject : Physician Assisted Suicide/Medical Assistance in Dying

(MedAID) >>>>

Dear Right Honourable Justin Trudeau,

have some serious concerns with physician assisted suicide that I will be forced (against my conscience) to participate in by making necessary referrals for this act. For some physicians, making a referral for this act is akin to doing the

act yourself (since you are facilitating what you believe is an immoral act). There isn't enough protection in the legislation for the constitutional right of conscience. I remind you that our country was partially built by people who came from other countries due to issues of conscience and religious freedom. Our country gave them the freedom of conscience/religion that they were seeking. It is a sad day in Canada when we turn our backs on the right of conscience in the name of ill guided personal autonomy.

I also have a serious problem with the issue of wrongful deaths (i.e.

people who are killed who actually didn't want to die) that will inevitably occur with physician assisted suicide. This has become a huge problem in other jurisdictions that have legalized physician assisted suicide (e.g.

the Netherlands and Belgium). Wrongful deaths is one of the main reasons why physician assisted suicide/MedAID was rejected by the Canadian Supreme Court in the 1993 *Rodriguez* decision. This problem has only grown since 1993 in jurisdictions like the Netherlands where MedAID is legal. It's also the main reason why the British House of Lords Select Committee on Medical Ethics unanimously rejected MedAID in 1994 and why the British Parliament voted overwhelmingly in 2015 to keep MedAID illegal. I prepared a document outlining the concerns about wrongful deaths in MedAID (plus some other relevant points) that I provided to the RVH Medical Assistance in Dying Working Group on April 28, 2016. I have attached that document to this email, with some minor changes (e.g. in how I referenced articles/documents, changing "MAD" [medical assistance in dying] to "MedAID", etc). I know that it's a relatively long document, and I know

that your time is precious, but I sincerely hope that you will take the time to read the document, given the extreme gravity and seriousness of wrongful deaths. I wish every MP could read this document before voting on the legislation. MPs need to know what dangerous territory we are heading into by legalizing MedAID, esp. for the most vulnerable in our society (the elderly, the disabled, the sick, and those that can't speak for themselves).

By conservative estimates wrongful deaths occur in ~25 - 33% of all MedAID deaths (the actual numbers are probably higher). That means that at a minimum one out of three or one out of four people undergoing MedAID were murdered (killed against their will and having committed no capital crime). No matter how restrictive the eligibility criteria for MedAID may seem now, the eligibility criteria will eventually be expanded (based on

what's happened in other jurisdictions that have legalized MedAID). We may even get to the point like the Netherlands that allows the euthanasia of

infants who are deemed not fit to live according to the opinion of their

parents/doctor. One Dutch baby was euthanized simply because of abnormal genitalia. The 'right' to die can't be an inalienable right of human beings if countries like Great Britain have so thoroughly rejected it.

The

government shouldn't hide behind the excuse that the unelected Supreme Court made it pass a law. Unelected officials should not ultimately determine what's right and wrong in our country. The elected Parliament

should. If the government allows the legalization of MedAID, then the blood of these innocent murdered people will be on the Canadian Parliament (and to a lesser degree upon Canadians whom the Parliament is supposed to represent). I love my country and never thought that I would live to see the day we would sanction MedAID. The government is supposed to protect

the weak, the disabled, the vulnerable, and people who can't properly speak for themselves, and yet these are the people who will be killed under this law without their consent. Instead of protecting these people, the government is facilitating their wrongful deaths/murder.

I thank you, in advance, for your consideration of this matter.

Sincerely,

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The Case for Vigilance of Wrongful Deaths in Medical Assisted in Dying (MedAID)

Dear colleagues,

Medical Assisted in Dying (MedAID) will be legal in Canada as of June 6, 2016. However, I would like to outline a few things to consider as we develop our MedAID policy at RVH.

Wrongful Deaths

One of the main reasons why Canada got rid of capital punishment was because of the concern for wrongful deaths – i.e. that an innocent person might be put to death. Wrongful deaths are a serious concern when it comes to MedAID and was one of the reasons why the Supreme Court of Canada rejected MedAID in 1993 in the *Rodriguez* decision. The evidence that wrongful deaths occur in jurisdictions that allow MedAID has only become stronger since 1993. If we are to be consistent with our Canadian values then we need to be extremely vigilant to prevent even one wrongful death when it comes to MedAID.

MedAID gives physicians a lot of authority (and perhaps even dangerous authority) in a patient's life. Patients generally decide in favour of MedAID on the basis of information given to them by doctors (their diagnosis, prognosis, and treatments). If a doctor confidently suggests a certain course of action or makes statements of their disease, then it can be very difficult for a patient to go against the suggestion or believe something fundamentally different about their illness. However, it can be very challenging to be certain of the prognosis (and even diagnosis) in many cases. Diagnoses may be mistaken, as well noted in the medical literature [1]. Prognoses may be wildly misjudged. Newer treatments which the doctor is unaware of may have recently been developed or about to be developed. The physician may not be up-to-date in symptom control, and the lack of proper symptom control (depression, pain, etc.) can be the precipitating factor for a patient's wish for MedAID. If symptoms can be properly controlled, then many patients will no longer want MedAID. Doctors are just people and thus are subject to temptations and biases. Sometimes their own decision-making may be affected, consciously or unconsciously, by their degree of tiredness, or the way they feel about the patient, or their presuppositions about a patient. MedAID gives the medical practitioner power which can be too easily misused (or abused), and a level of responsibility that is very onerous. And yet we must do our due diligence to prevent wrongful deaths or else we will be partially responsible in the death of a patient who did not really want to die.

The British House of Lords set up a Select Committee on Medical Ethics to look seriously into the issue of euthanasia in 1993. During the course of their deliberations they took submissions from a variety of persons and parties. The Department of Health, the Home Office, The British Medical Association and the Royal College of Nursing all argued against any change in the law. Despite being earlier undecided on the issue, in its final report in February 1994 the committee unanimously ruled that there should be no change in the law [1]. The committee chairman, Lord Walton, reflected on this in a speech to the House of Lords on May 9, 1994 in saying: 'We concluded that it was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death." The following is a quote from the House of Lords' Select Committee Report: '[S]ociety's prohibition of intentional killing ...is the cornerstone of law and social relationships. It protects each of us impartially, embodying the belief that all are equal. We do not wish that protection to be diminished and we therefore

recommend that there should be no change in the law to permit euthanasia ... We believe that the issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole' [1]. The House of Lords' Select Committee had among its members many people who were on record as being advocates of euthanasia, and yet after hearing and reading an extensive body of evidence and debating the issues amongst themselves, they decided unanimously to recommend that euthanasia not be legalized. While decisions made in the House of Lords are clearly not binding for us in Canada, such an extensive review and unambiguous decision does carry significant weight, or at the very least highlights the serious concern for wrongful deaths. More recently in 2015, the British Parliament overwhelmingly defeated an assisted suicide bill 330 votes against to 118 votes in favour (74% against). Fiona Bruce, the MP for Congleton, said that "if this weren't so serious it would be laughable. We are here to protect the most vulnerable in our society, not to legislate to kill them. This Bill is not merely flawed, it is legally and ethically totally unacceptable." In the end, the British Parliament recognized that a person's autonomy is not absolute (you can't drive at whatever speed you choose in a neighbourhood just because you want to). They recognized that to allow for Mr. X to exercise his carefully deliberated "right" to be killed, society would have to move away from a situation of absolute protection of all patients into the uncertain area of value judgements, which are relative in nature. These would inevitably be arbitrary and inherently unjust to some. Mr. X's responsibility to society (which we all have whether we want to or not) would then be to forgo his "right" to euthanasia. Canada does not agree with this limitation on an individual's autonomy, but in this context we would be wise in Canada and in our local health integration network (LHIN) to make sure that we do everything possible to prevent wrongful deaths.

We should recognise that requests for voluntary MedAID are extremely rare in situations where the physical, emotional and spiritual needs of terminally ill patients are properly met. As the symptoms which prompt the request for MedAID can almost always be managed with therapies currently available, our highest priority must be to ensure that top quality palliative care is readily available first before health care team members give consent to MedAID.

History has clearly shown that once voluntary euthanasia is legal, involuntary euthanasia **inevitably** follows, regardless of the original intentions of the legislators. According to the Remmelink Report commissioned by the Dutch Ministry of Justice, there were more than 3,000 deaths from euthanasia in the Netherlands in 1990 [2]. More than 1,000 of these deaths were not voluntary. Other assessments of the data have been far less conservative. Holland is moving rapidly down a slippery slope with the public conscience changing quickly to accept previously unacceptable actions as acceptable. The Royal Dutch Medical Association (KNMG) and the Dutch Commission for the Acceptability of Life Terminating Action have recommended that the active termination of dementia patients is morally acceptable under certain conditions. At least one earlier report of the commission affirmed the acceptability of similar actions for severely handicapped neonates [3]. Case reports include a child killed for no other reason than it possessed abnormal genitalia and a woman killed at her own request for reasons of 'mental suffering' [4]. Maybe if the baby with abnormal genitalia could speak for himself he would have wanted to live? Where is the patient autonomy in this?

There are many historical and current examples of slippery slopes. One of the most destructive examples is Germany under the Nazis. Many are unaware that what ended in the 1940s in the gas chambers of Auschwitz, Belsen and Treblinka had far more humble beginnings in the 1930s in nursing homes, geriatric institutions and psychiatric hospitals in Germany. Leo Alexander, a psychiatrist who worked with the Office of the Chief of Counsel for War Crimes at Nuremberg, described the process in the New England Medical Journal in July 1949: 'The beginnings at first

were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the attitude, basic in the euthanasia movement that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans.'

How would legalising euthanasia affect those with disabilities, those who are old (a rapidly increasing proportion of our population), and those who are not in full control of their mental faculties? The answer is to be found in reports and reflections on the outcome of years of practising euthanasia in Holland. They show that it would impact adversely on society's regard for the elderly, disabled and handicapped. "The society which embraces euthanasia even under the strictest rules sends a subtle message to its most vulnerable members: 'We don't mind getting rid of you' " wrote Dr. Richard Fenigsen a Dutch cardiologist in a paper on euthanasia in that country [5]. Dr. Fenigsen reported that at the time when the Dutch Parliament was considering the legalising of euthanasia, a group of handicapped adults wrote to the Parliamentary Committee for Health Care and Justice in the following terms:

"We feel our lives threatened...Many people think we are useless...Often we notice that we are being talked into desiring death...We will find it extremely dangerous and frightening if the new medical legislation includes euthanasia."

This letter highlights some important points. There are, as any social worker or family doctor will know, many families that exert pressures on their elderly, disabled or ill family members to make decisions that are not in their best interests. Elderly and disabled people often compromise their true autonomy because they do not want to be a nuisance. When MedAID is legalised, additional pressures will inevitably surface and we will have the situation of elderly, sick and disabled people being "talked into desiring death". A report by the Dutch Attorney General. published in 1991, identified that 33% of those who requested euthanasia did so on grounds which included them being dependent on others. The principal reason people in a Boston Globe survey said they would consider some option to end their lives if they had "an incurable illness with a great deal of physical pain" was not the pain itself, not a "restricted lifestyle." and not the fear of being "dependent on machines," but rather that they "don't want to be a burden" to their families [6, 7]. Thus, for some patients in our community the "right to die" is very likely in practice to become a "duty to die". Many patients with terminal or incurable diseases can eventually learn to manage their health care and live for years if given the proper help. It is not compassionate of any society to put not only the welfare, but the lives of its older, sick and disabled citizens under greater pressure to exercise their "right to die", and so we have to be very vigilant when apparent requests for MedAID come from these types of people.

The annals of medicine abound with incorrect diagnoses and faulty predictions of death. When MedAID becomes legal, and patients request MedAID before enough time and progress of events prove that the diagnosis is incorrect, then an "innocent life" would have been lost. Such a scenario did in fact occur in the case of Nancy Crick an Australian patient of Dr. Philip Nitschke's who killed herself whilst surrounded by advocates of euthanasia, on the basis of a diagnosis of bowel cancer. An autopsy revealed no evidence of cancer [8]. This is just one small example of many faulty diagnoses or prognoses.

A 1991 report by the Dutch Attorney General on the status of euthanasia found that in 1990 up to 38% of all deaths in the Netherlands involved some sort of life-terminating procedure. Of these, more than 20 000 cases involved the administration of a drug with the intention of

accelerating death (and not just to relieve symptoms). The report estimated that about 5500 cases of "involuntary" euthanasia (e.g. the administration of drug overdoses without the consent of patients who, although judged to be competent to make their own decision, were not consulted) had occurred. The report also found a large number of cases of involuntary euthanasia, i.e. cases where the patient was judged to be legally incompetent to make a request for the termination of life, but was killed anyways by health care practitioners. The authors of the report freely admitted that the true number of cases of physician assisted death was greater than the numbers they found because "the physician often declares that the patient died a natural death".

The Netherlands has demonstrated a continued "slippery slope" in that people diagnosed with depression, a curable disorder in the vast majority of people, can now receive euthanasia. Holland is not alone in this. There is strong evidence from three jurisdictions (the Netherlands. Belgium and Oregon) that there have been serious problems in the implementation of MedAID that have resulted in fatal consequences for patients, including inadequate oversight, legal requirements not being followed, a gradual expansion of who may qualify, and dramatic. unexplained increases in patient deaths. In the Netherlands, there has been a shift in the types of patients who undergo euthanasia. While very small numbers of patients with psychiatric illnesses or dementia appear in the reports in the early years of the program, those numbers have been on the rise. According to Dutch ethicist Dr. Theo Boer, who sat on an euthanasia review committee for nine years in the Netherlands, "Cases have been reported in which a large part of the suffering of those given euthanasia or assisted suicide consisted in being aged, lonely or bereaved. Some of these patients could have lived for years or decades." He also says that euthanasia of "patients with psychiatric illnesses" is now "sharply on the rise" [9]. Frequent concerns about patient deaths are uncovered in jurisdictions allowing MedAID/euthanasia but none has resulted in a successful prosecution [9]. The Dutch Euthanasia Society (NVVE) believes that any person over the age of 70 years should be able to be euthanized without any specific criteria. The Dutch Right to Die Society has established a network of mobile euthanasia doctors to help bring euthanasia to more patients. Dr. Boer: "The NVVE shows no signs of being satisfied even with these developments. They will not rest until a lethal pill is made available to anyone over 70 years who wishes to die. Some slopes truly are slippery. Euthanasia is on the way to become a 'default' mode of dying for cancer patients." [9]. The latest research indicates that physicians in the Netherlands did not report 23% of cases to a review committee as required by law [10]. The slippery slope continues in the Netherlands which has now developed the Groningen protocol for the euthanasia of infants [9].

A study of MedAID deaths in Flanders, Belgium, published in the Canadian Medical Association Journal (CMAJ) in May 2010 found that <u>32% of physician assisted deaths</u> occurred without the explicit request of the patient, despite a strict requirement to do so in the legislation [11]. Some people would consider this murder, and virtually everyone would consider these wrongful deaths. For these patients their autonomy (which is the primary argument used by many in favour of MedAID) was disregarded and a fatal form of paternalism was exercised. A 2010 article published in the British Medical Journal also dealing with the same area of Belgium documented that 47.2% of all euthanasia deaths went unreported [12].

From the very beginning of MedAID in Oregon officials conceded that "there's no way to know if additional deaths went unreported" because Oregon DHS "has no regulatory authority or resources to ensure compliance with the law" [13]. Therefore, doctors and family members may be getting away with unlawful (or wrongful) death. It is unlikely that Ontario or the other Canadian provinces will have all the resources necessary to ensure faithful compliance with the law.

Another example of slippery slopes may be found in abortions. What was dubbed as a solution to a few hundred problem pregnancies each year (rape, incest, etc.) has ballooned into a significant medical industry with many thousands of foetuses being aborted each year, now for even things like being the "wrong" sex. Abortions are one of the most common medical procedures now. It is naïve (and against known examples of jurisdictions supporting MedAID) to believe that who is allowed to get MedAID won't be further expanded down the road in Canada, no matter how tight the rules may seem at the beginning. Even if the rules/laws don't change, there will always be creative physicians who will want to push the envelope and conduct MedAID in patients never allowed to undergo it by law. The fact that no physician in the Netherlands or Belgium has been convicted for a wrongful death just shows that physicians will be allowed to push the envelope with almost impunity. Although it may still be possible, it's highly unlikely that a Canadian physician would ever be successfully convicted of a wrongful death, given the huge legal/social/political upheaval such a trial/conviction would bring. This is all the more reason for us to ensure that none of our patients in our LHIN suffer from a wrongful death. The law won't protect them and the College of Physicians and Surgeons of Ontario (whose mandate it is to protect the public, and I would imagine the most vulnerable members of the public) has clearly come down on the side of promoting MedAID. It is not neutral on this issue.

The majority of requests from patients are not because of intractable symptoms, but because of the fear of the unknown, the loss of control, not wanting to be a burden or wanting to be in control of the circumstances surrounding their death. These people require physical and psychological support, and careful management of symptoms. It's no wonder that there are few supporters of euthanasia in the hospice movement and the large majority of palliative care doctors in Canada are against MedAID. 75% of palliative care physicians in Canada are opposed to the legalization of MedAID [9]. Their association says that end of life pain can be dealt with if the proper tools of modern medicine are available. Corollary to this is the fact that the Netherlands has poorly developed hospice and terminal care facilities. Why would you support better palliative care and hospices when these people "really" should be getting MedAID? If there are proponents asking for better palliative care and hospices in the Netherlands, then the question they may be asked in turn is "Why is your patient hanging on? Mr. X in the same situation as your patient asked for MedAID. Why isn't yours?"

We may be already starting to see evidence of a slippery slope in Canada as well. The Québec government will distribute euthanasia kits to physicians with step-by-step instructions for killing patients [14]. The Québec government is following a similar protocol to the Netherlands' euthanasia law. After several years of language games, the Québec government has now clearly given physicians the right, in law, to kill their patients by lethal injection. Errors or abuse of this law obviously results in wrongful deaths. Under the Québec euthanasia law the only oversight is a report that is sent in after the death of the patient by the doctor who did the lethal injection. Since the doctor who administered the lethal injection is the same physician who reports the death, then appropriate oversight is missing, and it is impossible to prove that the "safeguards" in the law are being followed. Clearly this system will allow for abuse.

In a world in which MedAID is legalized, a non-disabled person who was suicidal would hopefully be treated to prevent a suicide and to help him get some relief (at least as of now in Canadian law – this may change). If a disabled person had the same suicidal thoughts, however, they might receive similar treatments, but MedAID might also be accepted by the health care professional and raised as an option. Suicide is an action of an individual while MedAID requires the assent of at least one other person and of the society that permits it and

pays for it. The society is therefore sanctioning killing based upon the physical or mental characteristics of the person. In this sense MedAID requires an acknowledgement that certain lives are not worth living, which is problematic regardless of whether the patient himself feels subjectively that his life is worthless. This is a slippery slope indeed.

The Dutch experience has shown that MedAID laws are not enforceable. Dr. Karl Gunning demonstated that within a few months of their formal adoption, the guidelines were being systematically breached with impunity [15]. It is readily apparent that prosecution of those doctors who disobey the guidelines will simply lead their colleagues to stop reporting cases of euthanasia. The guidelines that the patient must be suffering from a terminal illness, that the request must be durable, that the request must be free and explicit, and that a second opinion must be sought have all been broken. Tacit permission has been given to kill disabled infants, the demented by proxy, the depressed, and patients with metastatic cancer without consent. Are we going to be arrogant enough to maintain that we will do better than the Dutch? It is naïve to think that the answer will be yes.

In her 2012 decision in *Carter*, BC Supreme Court Justice Smith held that risks for wrongful deaths could be mitigated because of the capacity of doctors to make proper determinations in individual patient cases. The Canadian Medical Association (CMA) brief to the Supreme Court in *Carter*, however, questioned the court's assurances on this matter [9]. Justice Smith placed great reliance on the ability of physicians to assess the competency of patients requesting MedAID and in the voluntariness of their requests. The CMA believes that the challenges physicians will face in making these assessments have been underestimated, especially in the end of life care context where the consequences of these decisions are permanent and particularly grave, and in a public medical system in which resource constraints are a pressing issue [9]. Judges and courts may have all the time they want to hear both sides of an argument and carefully deliberate on an issue, but in a time and resource pressured health care environment, it is unlikely that physicians will be able to fulfill all the requirements the BC and Supreme Court judges are expecting, and a failure to do so has serious and fatal consequences for patients. It may lead to the wrongful deaths of patients without their true consent.

It is relatively common for patients to want to end their lives after traumatic events, sudden serious illnesses, mental health problems, disability or accident, and yet later change their minds. These people need help through these difficult situations and not MedAID. To conduct MedAID in these patients, without first providing the appropriate help and care, can be construed as a type of wrongful death. A study of terminal patients published in *The American* Journal of Psychiatry confirmed that most terminal patients seek suicide not because they are sick, but because they are depressed: "The striking feature of [our] results is that all of the patients who had either desired premature death or contemplated suicide were judged to be suffering from clinical depressive illness; that is, none of those patients who did not have clinical depression had thoughts of suicide or wished that death would come early" [16]. Dr. David C. Clark emphasized that depressive episodes in the seriously ill "are no less responsive to medication" than depression in other people [17]. Psychologist Joseph Richman, former President of the American Association of Suicidology, stated "[Elffective psychotherapeutic treatment is possible with the terminally ill, and only irrational prejudices prevent the greater resort to such measures" [18]. Competent and compassionate counseling, along with appropriate medical and psychological care, are the appropriate responses to people with incurable diseases expressing a wish to die. Therefore, to conduct MedAID in these patients when they are in the valley of depression, without first trying to treat their depression, is not appropriate and can be considered a wrongful death.

Ethics and Conscience

The Hippocratic Oath states 'I will give no deadly medicine to anyone if asked, nor suggest such counsel..."

Twentieth century codes of ethics, such as the Nuremberg Code, that health services and practitioners subscribe to, are without exception concerned with the protection of human life from political movements that might endanger it.

The International Code of Medical Ethics as originally adopted by the World Medical Association in 1949, in response to the Nazi holocaust, states that 'a doctor must always bear in mind the obligation of preserving human life from the time of conception until death' [19].

In its 1992 Statement of Marbella, the World Medical Association confirmed that assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. When a doctor intentionally and deliberately enables an individual to end his life, the doctor acts unethically [20].

The European Association for Palliative Care has also stated its strong opposition to the legalisation of euthanasia [21]. If care is geared towards achieving 'the best possible quality of life for patients and their families' by focusing on a patient's physical, psychosocial, and spiritual suffering, then requests for euthanasia are extremely uncommon.

As you can see, there is a lot of ethical, moral and issues of conscience around MedAID. Although we have an obligation to obey Canadian law and our governing bodies/Colleges, please just be sensitive to the ethical issues surrounding MedAID.

Final quote:

Steve Passmore (a man with cerebral palsy who is an opponent of MedAID): "Society needs to ensure life with dignity, not death with dignity".

Final thoughts:

For a society to allow MedAID at least two things must be present: a respect for individual autonomy and a belief that some lives are not fit to live. A respect for autonomy is not enough, since there are many, many restrictions on individual autonomies in a civil society. We don't (at least not yet) allow for MedAID in healthy people, but will allow it in sick individuals. We already know that a patient (whether healthy or sick) insisting on MedAID has already deemed that his life is not worth living. If he was physically well then society would deem his life worthy to be lived and not allow MedAID in his case (disrespecting his autonomy). But if he is unwell then society deems that he can get MedAID. This is implicitly saying that we as a society have determined that some lives are worth living and some lives aren't. There are far reaching (and quite frankly scary) implications of this fundamental change in philosophy. Our constitution does not guarantee protection of autonomy in all situations, but it does guarantee that we SHALL NOT discriminate against people based on (amongst other things) their age or disability. This should definitely apply (perhaps even most strongly) to the worth of a person's life. If it's not applicable here, then where else should it be applicable? By discriminating against the

disabled/sick or elderly by determining that their lives aren't worth living goes against our constitution, and one of the very foundations of our civilization.

It is inevitable (unless we think that at a fundamental and basic level we are a better people and society than the Netherlands and Belgium) that Canadians who have not consented to suicide will be killed by physicians, some against their will (if they could express it). Regulations that make the killing legal (and not murder) will not be followed in many cases, in which case the killing was not technically "legal" (i.e. a patient was murdered therefore). These doctors and family members will most likely never face prosecution and will have gotten away with a very serious crime. It is inevitable that some patients will feel pressure from their doctors or family to "consent" to physician assisted suicide and will ultimately be killed against their full consent (i.e. they will get the message that they are a "burden" to their family and even though they want to live they will submit to the underlying tones from their family to undergo physician assisted suicide). It is obvious from other jurisdictions that there will also be a lack of oversight. We are well on the way down a slippery slope and may find ourselves like the Netherlands which has legalized infanticide in infants who are deemed not fit to live by their parents and doctors. The principle of patient autonomy and informed consent is non-existent for these babies who are killed. Who knows, maybe they wanted to live with their disability? Doctors are wrong many times when it comes to predicting the outcomes of patients, and I would imagine esp, in young babies who can be so resilient. These innocent babies have done no capital crime to warrant their premature death. A disabled person or a cancer patient may be asked (implicitly or explicitly) "Why are you holding on? Other people have been euthanized in the same situation." And yet doctors are wrong time and time again about the prognosis of patients. Wrongful deaths are clearly not an affirmation of respect for autonomy, but one of the worst possible examples of (fatal) paternalism, where the physician decides that someone else's life is not worth living. Hence, the respect for autonomy is actually an argument against euthanasia. We must do everything possible to prevent wrongful deaths in our LHIN or else we will be responsible (individually and corporately) for the death of these patients. The law (which is supposed to protect vulnerable citizens) is not going to protect these people. The College of Physicians and Surgeons of Ontario (which is supposed to protect patients from doctors) isn't going to protect these people. Therefore, we as a group of health care practitioners and administrators must protect these people.

Thank you,	s.19(1)
	3.13(1)

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Ministerial Correspondence Unit - Justice Canada

From:

Sent:

To:

Subject:

2016-May-04 1:16 PM Ministerial Correspondence Unit - Justice Canada

Attachments:

The protection of conscience rights in the legislation must be reinforced without being ignored The protection of conscience rights in the legislation must be reinforced without being

ignored.doc

Tuesday, May 04, 2016

s.19(1)

MINISTER OF JUSTICE
The Honourable Jody Wilson Raybould
Minister of justice and Attroney
General of Canada
284 Wellington Street
Ottawa ON K1A 0H8
Email: mcu@justice.gc.ca

Dear Minister Wilson-Raybould,

Conscience is a fundamental and foundational attitude for any physician doctors in the conventional medicine world that has been established for thousand years since Hippocrates said: "I will give no deadly medicine to any one if asked, nor suggest any counsel." Further, conscience is not only a critical factor of building trust for everyone who is working in the medical field, but also in the human interaction. The protection of conscience rights is necessary in every aspect of medical practice in order to provide high standard, effectiveness and safety services to both sides, patients and doctors, because liberty of conscience is indelibly unalterable for an individual doctor as it exists at the very heart of our integrity and self- identity.

Everyone always wants to receive good cares from dedicated doctors who possess high qualities of ethic and conscience. In the medical treatments, Doctors are not only physicians providing services, but also

quasi psychological supporters helping patients, who have been vis-à-vis critical decisions for their courses of health to make correctly responsible decisions. <u>Doctors understand and refuse to participate in treatments that they believe to be un-ethical or that they consider not to be in the best interests of patients, are excellent and respectful professionals. Everyone acknowledges that the values of a society are not only based on rights, but also conscience, which will shape the civilized society to next generations' successful future. In the sense of doctors' ethics, if doctors had to provide medical services on demand from consumers or third parties providing all that were legal, regardless of their ethical base and if we, knowledgeably foreseeable people, sacrificed conscience just for egregious demands, we would not only destroy the medical world but also ourselves and a world exits only cynicism and rapaciousness.</u>

The government ignores deliberately the ongoing coercion of health care providers' compelling participation in euthanasia, and Bill C-14 will allow continuance of coercion, although the government does not incorporate superficially with the Committee's more radical recommendations. However, it does indicate that the government intends to pursue this and other Committee recommendations. Two of them assert and support the authority of the state in commanding of using legal force: not merely to authorize it, but to command it. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

The Special Joint Committee's recommendation in the course of coercion against physicians, who are unwilling to kill patients or help them commit suicide and should be forced to find someone willing to do so, are unconstitutional. It also recommended that publicly funded facilities, like hospices and hospitals, should be forced to kill patients or help them commit suicide, even if groups operating the facilities object. This is really ineffable because conscientious refusal creates ourselves being humans and is undeniable.

The major role of government is not only in implemental legislation, but also defensive constitution for a country. The federal government should not "work with the provinces" to "get willing hands in the provinces to do the dirty work of coercion" because the regulation of health professions and health care is in provincial jurisdiction. What would be worth of it while more problems arise?

Furthermore, the federal government has exclusive jurisdiction in criminal law and can enact to cease such coercion from powerful groups, professions, or state institutions forcing people to be parties to homicide and suicide, and can preclude those in power constraining health care providers who must implement conscientious refusal for arranging their patients to be killed or helping to commit suicide. It is true that the bill's preamble states that the government will "respect the personal convictions of health care providers." But, how effective is it in legal interpretation? I do not think that preambles has any legal effect.

After all, the Special Joint Committee declared and considered respect for freedom of conscience "at a *minimum*," objecting physicians should be forced to find colleagues willing to kill their patients. Behind this Orwellian perversion lies the Committee's more astonishing premise: that the state can legitimately order people to become parties to homicide and suicide, and punish them if they refuse.

That is outrageous, indefensible and dangerous and is not a mere "limitation" of fundamental freedoms, but an egregious attack on them with a pernicious violation upon human dignity that deserves only contempt. Governments may legislate to permit certain practices or procedures, but must never force doctors to violate their conscience by compulsory engagement in such practices or procedures.

Conscientious Infringement is a serious challenge towards modern medicine and governments must never debase Medical codes of conduct by legislation whether directly or indirectly.

Parliament should make it the law of the land that no one and no institution in Canada can be forced to be a party to homicide or suicide, and no one will be punished or disadvantaged for refusing to do so."

In the heartily conscience, would you mind discerning the issues above carefully as these deliberations culminate in precarious decisions and whatever amendments to this legislation develop, in order that the legislation could protect the conscience rights of Canadian physicians, other health care providers and objecting facilities. Thank you very much for reading my letter and have great day.

Thank you, Lady

Ministerial Correspondence Unit - Justice Canada

s.19(1)

From:

Sent:

2016-May-04 10:10 PM

1 U. Dubia at Ministerial Correspondence Unit - Justice Canada

Subject: Doctor Assisted suicide

Dear Minister Wilson-Raybould,

I am concerned about the protection of vulnerable people in society as well as conscience rights for Canadian physicians who refuse to participate in assisted suicide or euthanasia .

While I am opposed to any form of suicide, I recognize that the government must prepare legislation on this issue following a recent Supreme Court decision.

The recommendations of the Commons - Senate Committee on Physician Assisted Death do not adequately protect doctor's conscience rights, and referral, even to a third party, is a form of participation. It is deeply distressing that Canada would allow access to assisted suicide for minors, those suffering from depression and other mental health issues, and other vulnerable people.

Canada should be providing greater support for these people, and access to palliative care to all Canadians.

Canada is NOT a communist country and I believe the Canadian Charter of Rights and Freedoms protects Canadian citizens from being FORCED by the state to act against their moral and religious convictions. There are certainly alternative ways to respect the patients requests without forcing dedicated physicians to face disciplinary action simply because they wish to follow their conscience or forcing the closure of facilities that cannot provide Doctor assisted death.

This legislation could result in doctors being forced out of practice and the closure of some available institutions. This is a reality that will affect many more Canadians in need of health care.

Please carefully consider my concerns as these policy deliberations are conducted. I pray that God will guide you that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and facilities.

May God bless you with wisdom and guide you in your decision.

Sincerely,

Sent from my iPad

Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent: 2016-May-04 5:57 PM

To: Ministerial Correspondence Unit - Justice Canada Subject: FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 4, 2016 2:56:28 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns that legislation tabled in Parliament on Thursday, April 14 to legalize assisted suicide / euthanasia does not protect conscience rights of health care workers and facilities that morally object to performing euthanasia. Health care workers should have the right to opt out of performing euthanasia--which is what 75% of Canadians believe.

Forcing doctors to perform assisted suicide / euthanasia also happens to be reminiscent of WWII Nazi forced killings of mental patients and handicapped children.

I wish to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

I at least respect that the assisted suicide legislation tabled in parliament restricts assisted suicide to those ages 18 years or older. I sincerely hope that at least that part of the legislation is not changed. Adolescents have brights minds but given all the changes they encounter in life, in times of distress they might make choices they later regret.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-04 8:35 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Attachments:

2016-04-19_LTR_to_MP_Bill_C-14.pdf

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From :

Received: 03 May

2016 11:00:49 AM >>>

>>> Subject : Bill C-14 - Medical Assistance in Dying >>>>

The Right Honourable Justin Trudeau, Prime Minister of Canada The Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada The Honourable Jane Philpott, Minister of Health

Given the critical nature of Bill C-14 and the urgent timeline for debate and decision of Parliament, I am communicating with you by email further to previous correspondence.

On April 19, I mailed you a the copy of my correspondence with Cathy McLeod, MP for Kamloops, Thompson, Cariboo, regarding Bill C-14. (A copy

is attached for your ease of reference.) Subsequently, I have attended two roundtable discussions organized by my MP to present information on Bill C-14 and to obtain input from her constituents. The meetings and my

associated reflection and consideration of the fundamental importance and potential consequences of this legislation have led me to strengthen

my position that Bill C-14 must be defeated. Lhave re-iterated my position and provided the following arguments by email to my MP.

While I applaud the government for drafting legislation that significantly limits access to medically assisted dying, the essence of my position is that Bill C-14 is fundamentally wrong and inconsistent with the stated, and appropriate, objective of recognizing the equal value of each human life. Enacting Bill C-14 will enshrine and legitimize the diminished value of some human lives and will establish a

precedent for further and future reduction in the value and protection of some lives.

Bill C-14 will impart a fundamental and unacceptable change to the moral

foundation of Canadian society, reduce the protection required for the lives of the most vulnerable, and negate the historical and fundamental commitment of Canadians to support for life, compassion and social justice within Canada and internationally.

I do not accept the perspective that this legislation must be supported in order that Canada have a law that complies with the Supreme Court decision. It is possible to clearly and fundamentally define the equal value of each human life as a precedent to all Canadian law. *I hereby affirm my opposition to Bill C-14 and urgently request that you vote against the legislation.*

Further reasons for my position, which can be appended to my letter of April 19, are:

1. Legal and political processes are being imposed on the moral question

as to whether it is right or wrong to intentionally take a life before its natural end. This in the fundamental question and it is why the proposed legislation is being considered from some perspectives as the '

lesser of two evils'; ie. legislated control of intentional killing is seen to be 'less evil' than allowing judicial decision or wider access in the absence of legislation.

- 2. Moral questions present a black and white choice and can only be resolved as right or wrong, true or false, good or evil. The 'lesser of two evils' is still evil. Legal and political processes do not present clear and definitive choice nor concrete outcomes. Consideration of 'legality' involves interpretation of legal precedence, language, intention of those who established a law, evolving community attitudes, and the balance between individual and societal rights and responsibilities. Political decisions by definition require compromise and consideration of factors such as ethics, influence, capacity, urgency, maintenance of government, internal and international relationships, etc. Legal or political processes do not usually result in outcomes that are permanent, immutable, or definite.
- 3. Bill C-14 attempts to establish the moral 'right-ness' of the legislation by including in the pre-amble affirmation of '...the inherent and equal value of every person's life...' However, the legislation will establish differing and unequal values for life by providing some people with the ability to end their life and by removing

criminal responsibility for those associated with killing or aiding in the death of those people. Recognition of the inherent and equal value of each person's life from a moral perspective requires either that each

life be equally protected against intentional death or, conversely, that

each life be equally un-protected. The choice that is 'right, true and good' is to protect all life equally and to clearly and firmly establish

that no person can have a distinct individual right or the legal authority to intentionally end their life and that no person can be granted the authority to allow the intentional taking or aiding in the taking of any life.

4. Amendments to Bill C-14 likely will be attempted and considered to protect conscience rights, to avoid discrimination of individuals and organizations that choose to not assist others in dying, to define stronger limits on access to medically assisted dying, and otherwise to make the legislation more acceptable to Parliament. While such amendments are necessary if the legislation is adopted, and may make the

legislation 'less evil', such amendments will not make the legislation 'good' in the moral sense of the word.

5. Bill C-14 is a response to those with '...grievous and irremediable medical condition that cause them enduring and intolerable suffering and

who wish to seek medical assistance in dying'. In my letter of April 19 I expressed that the appropriate responses to suffering are love, compassion and caring. To expand on this, we are called to be merciful and to live our lives and derive value in our lives by tending to the needs of others. Further, our personal suffering can be somewhat tolerable if we see it as act of mercy in that it gives others the opportunity to do good and care for us in our need. There is no doubt that many suffer and see intentional death, by suicide or euthanasia, as

their only alternative. It is imperative that we as Canadians, individually and collectively, clearly affirm the truly equal value of the life of those who are suffering and that we provide programs, resources and access for palliative care, companionship, counseling and other alternatives to intentional death that are founded on commitment to life.

6. The outcome of the vote on Bill C-14, in Parliament and the Senate, will represent and convey the political attitude of Canadians; it will set a precedent and establish direction of our society. Ultimately the outcome will influence and inform future legal and political consideration of questions regarding protection of life. A vote in favor

of Bill C-14 will support the current trend that life is a personal choice and that our society supports continued diminishing of the value of life. A vote against Bill C-14 will effectively convey that Canadians

truly impart equal value to each human life and that morality is of fundamental and ultimate importance to current and future considerations

of political and legal questions related to the protection of life in Canada.

7. Members of Parliament have been granted a 'free vote' on this question. The potential power of this free vote is to clearly express the moral attitudes of Canadians counter to the legal and political perspectives that are dominating the question of 'right to die'. The most discouraging outcome would be for Members of Parliament to vote for

Bill C-14 as a political compromise or as acceptance the view of the Supreme Court or as support for those who wish to diminish the value of life. This would be the 'easy' outcome. The profound and courageous response would be a majority, if not unanimous, vote against Bill C-14.

This would provide a clear statement of the moral imperative of the protection of life, of commitment to Canadians who are, or may at some time be, suffering, vulnerable and in despair, and of Canada as a caring

and compassionate society. Such a decision could cause the Government of

Canada to enshrine the fundamental value of life as a precedent to Canadian law, for example through or within the Constitution.

I fully respect the challenge you face in bringing forward your vote on this bill. You and each Members of Parliament is in a difficult situation of dealing with a very sensitive and fundamental question. From my perspective, the question must be considered from the moral perspective and answered in support of protection of life and against the direction of Bill C-14. I am praying for you and the others Members of Parliament as you consider this legislation and form your position.

Thank you again for the opportunity for me to provide you with my position.

Sincerely,

s.19(1)

April 19, 2016

Cathy McLeod, Member of Parliament Kamloops, Thompson Cariboo Room 406 Justice Building House of Commons Ottawa, Ontario K1A 0A6

s.19(1

Subject: Opposition to Bill C-14 "Medical Assistance in Dying"

The Government of Canada has introduced Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). The legislation will be put to a "free vote" in the House of Commons. As a constituent of the riding of Kamloops, Thompson Cariboo, which you represent, I am asking you to vote in opposition to the proposed legislation.

Bill C-14, no matter how it may be amended, is an affront to human dignity, an erosion of human solidarity, and a danger to all vulnerable persons -- particularly the aged, disabled, infirm and sick who so often find themselves isolated and marginalized. Moreover, it is a violation of the sacrosanct duty of healthcare providers to heal, and the responsibility of legislators and citizens to assure and provide protection for all, especially those persons most at risk.

Canada is a country that recognizes the value of human life. It has implemented social safety nets, eliminated capital punishment, played a central role in fostering peaceful resolution, instead of war, as a preferred response to international conflict, and supported significant re-settlement of refugees facing war, disaster, hardship and other conditions that threaten life. In addition, Canada has established universal health care and the House of Commons voted almost unanimously to call for a national strategy for palliative and end-of-life care.

To advance legislation that devalues life for the sake of appeasing a very small number of people who see life as an individual and relativistic choice, is inconsistent with the accepted moral obligation of our society to protect life. Further, it is unacceptable and ethically irresponsible to assign to healthcare providers the task of "assisting" in the taking of life contrary to their professional obligations to protect life. Unfortunately, Canada has moved along the path towards indifference to human life by not preventing abortion. Bill C-14 carries a very real threat of further demeaning and devaluing life from conception to its natural death.

Suffering, "intolerable" or otherwise, is a condition of human existence but suffering should not be characterized as a burden on society or an individual. The dignity of a person always exists and is not lost with disability or disease and the value of human life is measured by the goodness that each person engenders in others. The appropriate responses to suffering are love, care and compassion, not killing. Our society should be doing everything possible to protect and support human life and to stand alongside those who are calling on us in their suffering and need.

Opposition to Bill C-14 is a clear expression of support for Canadian values, for the sanctity of life, for the moral obligation of medical professionals, and, most critically, for the most vulnerable members of our society. I request that and urge you to vote against Bill C-14.

Sincerely,

cc. The Right Honourable Justin Trudeau, Prime Minister of Canada

The Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada

Ministerial Correspondence Unit - Justice Canada

regarding physician-assisted dying.

From:

Sent: To: Cc:

Dear

Subject:

interest to the Honourable Jody Wilson-Raybould, Minister of J Honourable Jane Philpott, Minister of Health, I have taken the that the Ministers will wish to give your concerns every conside	ustice and Attorney General of Canada, and the liberty of forwarding your e-mail to them. I am certain
Thank you for writing to the Prime Minister.	
J.P. Vachon Manager/Gestionnaire	
Executive Correspondence Services for the Prime Minister's Office Services de la correspondance	s.19(1)
de la haute direction pour le Cabinet du Premier ministre	
>>> From: 03 May 2016 11:52:45 PM >>>	Received:
>>> Subject : Bill c14 >>>>	
Dear prime minister As a senior and Canadian I'm very concern of life and death in the hands of people who may have vested i While framed in the individual right to die and to perform assis Hippocratic Oath - ' Above all do no harm ' What if a patient ch	nterest in deciding who lives and who dies. ted suicide it breaks the first cardinal rule of the
transfers his essential rights to outsiders? I believe this bill steps on that basic and most essential constitutional rig	ght '
-the right to life. Thanks for your time.all the best	

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence

wimisterial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

2016-May-04 8:28 AM

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-05 5:23 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Assisted dying legislation a cruel compromise | Toronto Star

From:

Sent: May 5, 2016 4:36 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.; Trudeau, Justin - Député

Cc: Oliphant, Rob - M.P.; Wrzesnewskyj, Borys - M.P.; Sen. James Cowan; Joyal, Serge :Sen; Nancy Ruth :Sen;

peter.harder@sen.parl.gc.ca; DWD Canada

Subject: Assisted dying legislation a cruel compromise | Toronto Star

https://www.thestar.com/opinion/commentary/2016/05/05/assisted-dying-legislation-a-cruel-compromise.html

Jody...

We have here yet another negative opinion of the proposed Bill C-15 published in a major Canadian newspaper...

How much negative feedback does the government require before they agree to make the requested amendments to this totally inadequate draft of Bill C-14?

The best and the brightest from across the country have advised your government that the proposed Bill C-14 will not pass the Charter of Rights requirements described by the SCC.

Who have you been listening to? It's certainly not the people who voted for you!

Regretfully,

》inestar.com ⟨

Assisted dying legislation a cruel compromise

Bill C-14 doesn't comply with the Supreme Court's decision leaves out too many people who are suffering



me Minister Trudeau has called the assisted dying legislation, "a responsible first p." Is it? The government isn't pioneering in an unknown field; writes R. Michael arren. (iStock photo)

By R. MICHAEL WARREN

Thu., May 5, 2016

When it comes to assisted dying, which has more support from Canadians than running large deficits or legalizing marijuana, Prime Minister Trudeau has lost his political perspective. He has retreated to an uncaring and muddled compromise.

The Liberal's assisted dying legislation is deeply flawed, destined to be challenged in the courts and being rushed through the House.

Assisted dying advocates, backbench Liberal MPs and senators are speaking out against Bill C-14. So far, Trudeau has ignored their concerns. If this legislation is passed by the House unamended, it will fall to the Senate to make it more patient and Charter friendly.

During the election the Liberals promised to, "Appoint a special committee to consider the ruling of the Supreme Court, consult with experts and Canadians and make recommendations for a legislative framework that respects the Charter of Rights and Freedoms and the priorities of Canadians."

A Special Joint Committee of 16 MPs and senators was established. Extensive hearings were held. Polling showed 8 out of 10 Canadians agreed that individuals suffering grievous and irremediable medical conditions should have access to medically assisted dying.

The Special Committee's recommendations are empathetic, thoughtful and inclusive.

- Patients with mental illnesses should not be excluded solely on the basis of their medical diagnosis.
- Long mandatory waiting periods are unwarranted.
- Requests from mature/competent minors should be considered.
- In cases like dementia, advanced directives should be allowed.

The government's Bill C-14 doesn't include any of these recommendations. It restricts assisted death to consenting, mentally component adults who are in "an advanced stage of irreversible decline" from a serious and incurable disease, illness or disability, and for whom a natural death is "reasonably foreseeable."

Theses conditions are considerably more restrictive than those laid out by the Supreme Court last year. The court ruled that physician assisted death should be available to

consenting adults with "grievous and irremediable" medical conditions and who are enduring physical or mental suffering that they find "intolerable."

There are serious issues with what the bill says – and doesn't say.

First, the bill substitutes the word "incurable" for the court's word "irremediable." They don't mean the same thing.

An irremediable condition is one where the patient is suffering intolerable pain but doesn't want to endure the prolonged prescribed treatments. Patients who have cancers that are "curable" – but involve endless cycles of painful chemotherapy and radiation, leaving them disabled – cannot apply under the bill.

Second, the bill introduces the vague requirement that the patient's death must be "reasonably foreseeable." The court didn't say the patient's condition must be terminal or foreseeable. And, what does foreseeable mean? Weeks, months, years?

This provision eliminates someone who has lost their eyesight and legs to diabetes and will suffer horrific pain for years. Or a patient with ALS who is slowly and painfully being paralyzed by their body until they finally die of asphyxiation.

Even B.C.'s Kay Carter, who's suffering with spinal stenosis was central to the Supreme Court's landmark decision, would not have qualified under this legislation. Her condition wasn't terminal even though she was bedridden, unable to move or feed herself and enduring intolerable suffering year after year.

Third, the bill does not allow for people with competence-declining conditions to make advanced requests for an assisted death. This, despite studies that consistently find the vast majority of Canadians agree that patients with early dementia should be able to consent to assisted death in advance.

Thousands of Canadians worry about losing the mental ability to make their own decisions. They're afraid of dying a prolonged and terrifying death this legislation ignores.

In support of the bill Trudeau said, "It's a responsible first step." Is it? The government isn't pioneering in an unknown field.

There is international experience on which to draw: the thorough airing by the Supreme Court; the findings of the 11 Provinces and Territories Advisory Group; the Special Joint Committee hearings and recommendations; the Quebec experience, And, consistently deep support from Canadians of every political stripe.

The current legislation is not patient-centered. It doesn't comply with the Supreme Court's decision. Nor does it respect the Charter rights of Canadians.

There is still time to remedy these serious shortcomings.

R. Michael Warren is a patron of Dying with Dignity Canada, a former corporate director, Ontario deputy minister, TTC chief general manager and Canada Post CEO. r.michael.warren@gmail.com

Ministerial Correspondence Unit - Justice Canada

From:

2016-May-05 1:56 PM

Sent:

Ministerial Correspondence Unit - Justice Canada

Subject:

LEGALIZATION LEGISLIZATION OF DOCOR ASSISTED SUICIDE IN CANADA

MINISTER OF JUSTICE, The Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada 284 Wellington Street Ottawa, ON K1A 0H8

Dear Minister Wilson-Raybould,

I am concerned about the protection of vulnerable people in society as well as conscience rights for Canadian physicians who refuse to participate in assisted suicide/euthanassia. While I am opposed to any form of assisted suicide, I recognize the government must prepare legislation on this issue following a recent Supreme Court decision.

I am concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not adequately protect doctors' conscience rights. A referral, even to a third party, is a form of participation. I am also troubled by the recommendation that facilities should not be allowed to opt-out of providing physician-assisted death in their facilities. It is deeply distressing that Canada would allow access to assisted suicide for minors, those suffering from depression and other mental health issues, and other vulnerable people.

Why are we not providing greater support for these people, and access to palliative care for all Canadians?

I believe the Canadian Charter of Rights and Freedoms protects Canadian citizens from being forced by the state to act against their moral or religious convictions. There are certainly alternative ways to respect the patient's request without compelling dedicated physicians to face professional disciplinary action simply because they wish to follow their conscience or forcing the closure of facilities that cannot provide doctor-assisted death.

The legislation could result in doctors being forced out of practice and the closure of some available institutions - a reality that will affect many more Canadians in need of health care.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Sincerely,

Ministerial Correspondence Unit - Justice Canada

s.19(1)

From:

Sent:

2016-May-05 6:45 PM

To:

pm@pm.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

BILL C-14

To Whom It May Concern:

Well, it shows that the current Justice Minister does not understand the Constitution or the decision the Supreme Court of Canada made in Case Carter vs. Canada assisted suicide. Joseph Arvay commented that bill C-14 goes against the Charter and the Supreme Court of Canada decision. Is the current Justice Minister an idiot, she needs to go back to law school or better yet perhaps Joseph Arvay should be the Justice Minister because he understand the Supreme Court decision and the Charter.

Good job at maintaining the Status quo Jody!! When Canadians` voted for change it did not mean maintaining that Status Quo. Enjoy the ride on the Trudeau coat tails.

Do not respond, I just delete message from Ministers' that obviously shouldn't be Justice Minister.

Sincerely,

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-05 11:55 AM

To: Cc:

ivimisteriai Correspondence Unit - Justice Canada

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

Received: 05 May 2016 05:46:05 AM >>>

>>> Subject: PM Web Site Comments - Justice and Attorney General of Canada >>>>

Date: 2016/5/5 5:45:36

Name/Nom:

E-Mail/Adresse électronique

Comments/Commentaires: As a concerned Canadian, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways: - The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter. -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's

2015 ruling on physician-assisted dying. With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government. Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying. Thank you for your consideration.

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-05 1:32 PM

To:

Ministerial Correspondence Unit - Justice Canada

Cc: Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 04 May 2016 08:10:08 PM >>>

>>> Subject: PM Web Site Comments - Justice and Attorney General of Canada >>>>

Date: 2016/5/4 20:09:41

Name/Nom:

E-Mail/Adresse électronique

Comments/Commentaires: Physician Assisted Suicide/Death (Bill C-14) As we are opposed to Physician Assisted Suicide in any form, having an opinion about what kind of provisions should be included in this law, is very difficult if not impossible. The recommendations provided by The Special Joint Committee on Physician-Assisted Dying go much too far and allow too much latitude on this topic. This act should not be allowed at all. As with abortion, this does not respect the sanctity of life, but rather reconfirms that we are living in a "culture of death". It is against our constitutional charter rights to force people to act against their conscience and/or religious beliefs (Freedom of Conscience and Freedom of Religion). Roman Catholic and other Christian hospitals (whether publically or privately funded) and objecting physicians should not be forced by this or any other government to "provide medical assistance in dying". As well, "objecting medical practitioners" must NOT be forced/coerced into providing any type of referral for a patient wishing to have themselves killed. "Effective Referral" still involves the objecting doctor participating in the killing of the

patient, by referring them to a practitioner who is willing. This is both morally and ethically wrong. Just because something is legal does NOT mean it is either morally or ethically correct to do it. In light of our opinions, we request that recommendations 10 and 11 NOT be included in any possible upcoming legislation on this topic. As stated in the beginning of this letter, we are totally opposed to any type of Assisted Suicide (physician assisted or otherwise). Please craft this legislation to NOT force objecting physicians and Roman Catholic/Christian and other Faith based Hospitals that object on conscience or religious freedom grounds to be involved in the abhorrent practice of physicians killing their patients.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-06 9:35 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Physician Assisted Dying

From:

Sent: May 5, 2016 11:03 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Physician Assisted Dying

I have listened to the Carter family and Joe Arvay. I believe the assisted dying bill before the House is contrary to the requirements of the Supreme Court Carter Decision and the Charter. Changes are required to meet the decision.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-06 1:33 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 5, 2016 10:32:51 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial C	orrespondence	Unit - Justice	Canada
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From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-06 10:41 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada, Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 06 May 2016

12:23:44 AM >>>

>>> Subject : Please make changes to Bill C-14 >>>>

Dear Mr. Prime Minister

As Parliament debates Bill C-14, I would like to request that you consider some changes to the Bill as it is in its present form. These changes are:

1. The clause in Bill C-14 limiting assisted death to Canadians whose

'natural death is reasonably foreseeable' will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the

Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.

2. The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their

competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe

that, Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted

dying. The Minister of Justice says that Ms. Carter would have qualified for assisted dying, but has not provided an explanation for how this would occur. This is unacceptable and shows little compassion for those with grievous illnesses but without imminent death in the offing.

s.19(1)

Along with emotional responses from people in the audience, there appeared

to be a consensus for both advance directives and the option of assisted

dying with a grievous illness but not death in the foreseeable future.

need for advanced directives is particularly important to those who are competent but in their advancing years and want to ensure a peaceful death

of their choosing, should they eventually succumb to dementia.

Now is the time to make sure the laws we pass give desperately ill Canadians

meaningful choice in the face of unendurable suffering. Listen to the

of the 85 per cent of Canadians who support the Supreme Court's inspired

ruling on assisted dying and the 80 per cent of Canadians who support the

right to advance consent for aid in dying. Please amend Bill C-14 so that it

is in compliance with the Supreme Court's decision. Also, please keep in

mind that passing legislation that is inclusive, supported by the majority

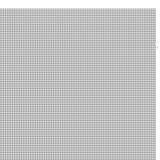
and right is more important than passing legislation that is soft and caters

to a specific minority specifically to ensure their vote. Please also remember that throwing out language such as 'protecting the vulnerable' is

not useful, because a strong Bill will do all of these things.

I have high expectations that your Government will do the right thing as it debates Bill C-14. Mr. Prime Minister, please also remember that it takes courage to pass a Bill that has been in the shadows for decades. There is no point in wasting tax payers dollars by not doing it right the first time, and then spending years answering challenges to the Bill.

Respectfully,



s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

IVIAY U7, 2016 9:12 AIVI

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

Re: Physician Assisted Suicide/Medical Assistance in Dying (MedAID)

Dear Honourable Jody Wilson-Raybould,

I hope that you have had time to review my email that Mr. J.P. Vachon forwarded to you (please see below for that email). I would just like to further expound on the concern of conscience protection.

n Ontario on the insistence by the College of Physicians and Surgeons of Ontario (CPSO) that conscientiously objecting physicians make effective referrals for patients against their conscience to another physician or agency to carry out the MedAID process. Ontario is the only jurisdiction in the world that requires doctors who have a conscientious objection to a certain procedure to ensure the patient obtains it by making an effective referral. Killing somebody through physician assisted suicide or simply referring the patient to a colleague who will then ultimately kill the patient both represent significant issues of conscience. I believe that you can understand this. The right of conscience is a constitutional right. What the College of Physicians and Surgeons of Ontario (CPSO), which is the licensing body for Ontario physicians, seems to imply is that people who make effective referrals for MedAID due to conscientious reasons SHOULDN'T be afflicted in their conscience. However, the reality is that they are. Therefore, you are forcing people to do things against their conscience. The right of conscience is a cherished constitutional right by many people. The CPSO is subject to Canadian law and so the protection of the constitutional right of conscience should be enshrined in law and not left to individual provincial medical colleges. These medical colleges are not made up of elected legislators and shouldn't be the ones deciding how to protect the right of conscience. It is essential that legislation guarantee our freedom to practice medicine with integrity. Ideally, to help prevent wrongful deaths court authorization should be required for each patient who requests euthanasia, although I realize that this is unlikely to happen. Conscientiously objecting physicians can face disciplinary maneuvers from the CPSO and can lose their jobs for following their conscience.

I will give you two examples of conscientious objections following the principles of what the CPSO has laid out for MedAID and you can let me know if they make sense.

Example 1:

The Nazis passed a law (approved at the highest levels of the German government and with immense support in their legislature and courts) to kill all German/European Jews. Let's assume that I was living in Germany at that time. If I had some Jews in my living room and I had a conscientious objection to killing them, but then simply called a neighbour of mine (who had no problems following the immoral law) to come over and kill these Jews, then is my conscience clear? I don't think so. Maybe you will say that my conscience SHOULD be clear because I wasn't the one who killed the Jews. (but essentially just made an effective referral to have them killed), but the fact remains that I facilitated their killing by referring them onto another German who killed them (and thus fulfilled the laws of the land). To many people this situation represents some degree of responsibility on my part.

Example 2:

Let's say somebody I know wants to steal a car tonight. But he needs my help to drop him off at the car dealership where he will break into a car and then drive that car home. I tell him that I have a conscientious objection to stealing a car, but I then simply refer him to my friend who is willing to help him tonight. Is my conscience clear? I don't think so. I facilitated the stealing of a car, even though I didn't do it myself.

As you can see, the first example was for an immoral act that was <u>legal</u> and the second example was for an immoral act that was <u>illegal</u>. But in either case my conscience would be affected. Therefore, the legality of an act doesn't determine whether or not the right of conscience should be protected or whether a person's conscience is affected. Rather it's the morality of the act. If one believes that killing somebody willfully (whether or not you have their consent and whether or not the government tells you that you should), then it's a problem to kill that person or refer that person to be killed.

Thank you,

s.19(1)

On Wed, May 4, 2016 at 5:54 PM, Prime Minister/Premier Ministre < PM@pm.gc.ca > wrote: Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From: Received: 03 May 2016 01:41:49 PM >>>

>>> Subject : Physician Assisted Suicide/Medical Assistance in Dying (MedAID) >>>>

Dear Right Honourable Justin Trudeau,

I have some serious

concerns

with physician assisted suicide that I will be forced (against my conscience) to participate in by making necessary referrals for this act.

For some physicians, making a referral for this act is akin to doing the

act yourself (since you are facilitating what you believe is an immoral act). There isn't enough protection in the legislation for the constitutional right of conscience. I remind you that our country was partially built by people who came from other countries due to issues

of conscience and religious freedom. Our country gave them the freedom of

conscience/religion that they were seeking. It is a sad day in Canada when

we turn our backs on the right of conscience in the name of ill guided personal autonomy.

I also have a serious problem with the issue of wrongful deaths (i.e. people who are killed who actually didn't want to die) that will inevitably

occur with physician assisted suicide. This has become a huge problem in

other jurisdictions that have legalized physician assisted suicide (e.g.

the Netherlands and Belgium). Wrongful deaths is one of the main reasons

why physician assisted suicide/MedAID was rejected by the Canadian Supreme

Court in the 1993 *Rodriguez* decision. This problem has only grown since

1993 in jurisdictions like the Netherlands where MedAID is legal. It's also the main reason why the British House of Lords Select Committee on Medical Ethics unanimously rejected MedAID in 1994 and why the British Parliament voted overwhelmingly in 2015 to keep MedAID illegal. I prepared

a document outlining the concerns about wrongful deaths in MedAID (plus some other relevant points) that I provided to the RVH Medical Assistance

in Dying Working Group on April 28, 2016. I have attached that document to

this email, with some minor changes (e.g. in how I referenced articles/documents, changing "MAD" [medical assistance in dying] to "MedAID", etc). I know that it's a relatively long document, and I know

that your time is precious, but I sincerely hope that you will take the time to read the document, given the extreme gravity and seriousness of wrongful deaths. I wish every MP could read this document before voting on

s.19(1)

the legislation. MPs need to know what dangerous territory we are heading

into by legalizing MedAID, esp. for the most vulnerable in our society (the

elderly, the disabled, the sick, and those that can't speak for themselves).

By conservative estimates wrongful deaths occur in \sim 25 - 33% of all MedAID

deaths (the actual numbers are probably higher). That means that at a minimum one out of three or one out of four people undergoing MedAID were

murdered (killed against their will and having committed no capital crime). No matter how restrictive the eligibility criteria for MedAID may

seem now, the eligibility criteria will eventually be expanded (based on

what's happened in other jurisdictions that have legalized MedAID). We may

even get to the point like the Netherlands that allows the euthanasia of

infants who are deemed not fit to live according to the opinion of their

parents/doctor. One Dutch baby was euthanized simply because of abnormal

genitalia. The 'right' to die can't be an inalienable right of human beings if countries like Great Britain have so thoroughly rejected it. The

government shouldn't hide behind the excuse that the unelected Supreme Court made it pass a law. Unelected officials should not ultimately determine what's right and wrong in our country. The elected Parliament

should. If the government allows the legalization of MedAID, then the blood of these innocent murdered people will be on the Canadian Parliament

(and to a lesser degree upon Canadians whom the Parliament is supposed to

represent). I love my country and never thought that I would live to see

the day we would sanction MedAID. The government is supposed to protect

the weak, the disabled, the vulnerable, and people who can't properly speak

for themselves, and yet these are the people who will be killed under

law without their consent. Instead of protecting these people, the government is facilitating their wrongful deaths/murder.

I thank you, in advance, for your consideration of this matter.

Sincerely,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Sent:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sen

May 09, 2016 11:08 AM

Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 07

May 2016 10:12:43 PM >>>

>>> Subject : Bill C-14 >>>>

Dear Prime Minister:

As a LIBERAL, I would like to express my concerns and disappointment with the proposed bill C-14 as it presently stands.

It is too restrictive inasmuch as it imposes certain conditions that not only in themselves are too harsh and exclusionary, but also, according to experts, they may even be unconstitutional and open to constitutional challenges down the road.

Namely, I find the following stipulations questionable and objectionable.

1) --The 'death foreseeable in the near future' clause (Not only is this clause restrictive, but it is also vague and non-specific. How does one quantify the foreseeable future? One week? One month? Six months?

One year? Two years?)2) --Not allowing those patients facing cognitive diseases (Alzheimer's, dementia, etc) to preauthorize a request for assisted death while they are still mentally capable of making that decision. This exclusion is simply inhumane.3) The exclusion of mature minors and people with mental health issue. This practice would simply create different classes of patients and is totally discriminatory.

There is no need to remind you that none of these conditions were recommended, or even suggested, by the Supreme Court; nor are they supported by the Committee working on recommendations for the drafting of the bill.

As someone who voted Liberal and wanted to look forward to a progressive way of governing, I find this bill rather conservative, regressive, and totally inconsistent with the 'sunny ways' that Canadians were promised.

I urge you to have the bill amended. Thank you

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-09 2:26 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

From:

Sent: May 9, 2016 2:21 PM **To:** Wilson-Raybould, Jody - M.P. **Cc:** Chong, Michael - Riding 1A

Subject: Bill C-14

To The Honourable Ms. Jody Wilson-Raybould, P.C., M.P., Minister of Justice.

Dear Minister:

May I offer you my congratulations on your appointment to the position of Minister of Justice.

I note this government's desire to be honest, open, and sincere in all matters, and therefore I am taking this opportunity to express my concerns regarding Bill C-14.

While I recognize and sympathize strongly with the suffering that many experience, I do not believe that killing is the answer to this. The value of human life is not based on how an individual may feel about it. I believe that we should support palliative and compassionate end-of-life care for every Canadian, rather than giving the option of euthanasia.

Human dignity is not lost in disability or disease. We should be doing everything possible to care for and protect human life. Medicine and the doctors who prescribe are meant to heal, not kill. When doctors are unable to heal then they should alleviate suffering without eliminating the one who suffers. With euthanasia the vulnerable and weak in our society are in danger from its abuse.

We must also protect the right of every Canadian under our Charter of Rights and Freedoms to freedom of conscience. By forcing Canadians who are morally opposed to assisted suicide to participate in it via their tax dollars the government is forcing them to support that which is against their conscience. Bill C-14 makes no provision for the protection of right of conscience for medical professional who oppose euthanasia. This is also a breach of the Charter's right to freedom of conscience.

All other jurisdictions which have opened the door to assisted suicide have widened it over time, eventually including the mentally ill and even children, as in Belgium. This is a matter of grave concern and the slippery slope is real. I am, therefore, asking you to please vote against C-14 at every phase.

Yours sincerely,



Page 419 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-09 11:25 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 amendment

s.19(1)

----Original Message----

From:

Sent: May 8, 2016 1:00 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 amendment

Dear Honourable Jody Wilson-Raybould,

I am writing in support of an amendment of Bill C-14 to ensure that those with grievous and irremediable illnesses that are not terminal are entitled to assisted dying, and to recognize the validity of advance requests for Canadians with degenerative illnesses.

The bill C-14 does not respect the Carter ruling in its current form. The above mentioned limitations make it extremely likely that, if C-14 is passed unamended, the bill would be subject to a Charter challenge and the issue of assisted dying would once again be before the courts.

As it stands, C-14 increases the likelihood that Canadians with a diagnosis of progressive cognitive or physical impairment will opt for a premature death, while they are still able to make such a request. This is not in the best interest of patients, their families, or Canadian society as a whole.

Canadians with degenerative illnesses have waited a long time for medical assistance in dying. We should not leave them in limbo any longer.

There is no need to share my personal stories as I do strongly believe that having basic compassion for other human beings should suffice to support a comprehensive legislation that will not exclude some of them.

I do also believe that the long-overdue physician assisted death proper legislation should have not reached a point of been solicited by a court case, clearly showing lack of initiative and concerns from the various governments; lack also evident in the current one through bill C-14.

Furthermore, the bill should not be so much a matter of debate and majority votes under the assumption of democratic principles, neither should be a political arena battleground, a constituency matter and "personal opinion" of those who count.

At a certain stage, Prime Minister Justin Trudeau, said that he would have expected all his MPs to support the Bill (a proper one - we should assume) because it was about the Charter. He totally understood the point and was absolutely right. Unfortunately, I suppose because of critics and pressure, he had to accept what has now become an open market with every MP free to choose if support it or not. Hence, the strategy of a restricted version of the Bill to make it digestible to more MPs.

But ignoring and denying the plea for help of people at their weakest moment in their life, equals to accepting and indirectly supporting their torture and abuse. We hypocritically pretend to fight both, but the forever ignored physician

assisted death issue and now its restrictive Bill, clearly show that the government is truly ignoring the core of the issue, the true intent and the right.

Among the many well-know sad cases, the end stage dementia patient Mrs. Margot Bentley's, speaks loud and clear. Despite her advance directive request, the BC Supreme Court and the BC Court of Appeal denied her request on the ground of semantics. The BC Health Care keep publishing pamphlets with Advance Directive and Proxy form with related explanations, when in fact they have no legal value, fooling BC residents into the believe that honour still exist but dishonouring their trust.

It is all very shameful and dishonourable. As it is shameful that somebody seriously ill has to fight in the court to receive help, as it is shameful that after all those fading yet courageous and strong voices delivered a clear message, the government is still ignoring their basic right and playing with their life.

I leave it to you, Honourable Jody Wilson-Raybould, as Minister of Justice and Attorney General of Canada, to your role, heart and consciousness, and ask you to please do what you can to ensure the before mentioned rights are unequivocally respected under C-14 once and for all. We are all very weary of all this irresponsibility and unaccountability.

Respectfully submitted,

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-09 11:28 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

s.19(1)

From:

Sent: May 7, 2016 10:22 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

Dear Ms Wilson-Raybould:

As a LIBERAL, I would like to express my concerns and disappointment with the proposed bill C-14 as it presently stands.

It is too restrictive inasmuch as it imposes certain conditions that not only in themselves are too harsh and exclusionary, but also, according to experts, they may even be unconstitutional and open to constitutional challenges down the road.

Namely, I find the following stipulations questionable and objectionable.

- 1) -- The "death foreseeable in the near future" clause (Not only is this clause restrictive, but it is also vague and non-specific. How does one quantify the foreseeable future? One week? One month? Six months? One year? Two years?)
- 2) --Not allowing those patients facing cognitive diseases (Alzheimer's, dementia, etc) to preauthorize a request for assisted death while they are still mentally capable of making that decision. This exclusion is simply **inhumane**.
- 3) The exclusion of mature minors and people with mental health issue. This practice would simply create different classes of patients and is totally **discriminatory**.

There is no need to remind you that none of these conditions were recommended, or even suggested, by the Supreme Court; nor are they supported by the Committee working on recommendations for the drafting of the bill.

As someone who voted Liberal and wanted to look forward to a progressive way of governing, I find this bill rather conservative, regressive, and totally inconsistent with the "sunny ways" that Canadians were promised.

I urge you to have the bill amended.

Thank you

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-09 11:29 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 Please Read

From

Sent: May 7, 2016 7:21 PM
To: Wilson-Raybould, Jody - M.P.
Subject: Bill C-14 Please Read

Hello.

As a concerned Canadian I just want to express my opposition to the proposed Bill C-14.

I plead with you to vote against C-14 at every phase and call on Parliament to bring forward a new piece of legislation that would make assisted suicide and euthanasia illegal. This is still in your power to do. If assisted suicide had been legal only a year or two ago, some of my friends may not be alive today. These are teenagers that are now living productive lives despite circumstances. I can only pray that bill C-14 wont take their lives now. Canadian society has never applauded suicide, because it's a tragedy. To now encourage it is wrong.

I would rather see our government invest into palliative care. Currently in Canada only 15-30% of Canadians have access to palliative care. This means that Canadians who otherwise might have chosen palliative care if it was available to them may choose assisted suicide instead. This is unjust. Canada must invest into palliative care for all Canadians before investing in assisted suicide for all Canadians.

One of the Canadian Chartered rights is that every Canadian has the freedom of conscience. By forcing Canadians who are morally opposed to assisted suicide to participate in it through their tax dollars the government is forcing Canadians to do something against their conscience. This is wrong and I am opposed to it being funded by taxpayer dollars.

Bill C-14 makes no provision for the protection of medical professional conscience rights. This means doctors and nurses who are morally opposed to physician-assisted suicide may be forced to participate in it against their conscience. This is a breech of the Canadian Charter of Rights and Freedoms. This is wrong.

Also, ALL other jurisdictions that have opened the door to assisted suicide have widened and widened it over time eventually including the mentally ill and at times even children. I find this incredibly concerning. This slippery slope is real.

Please vote against C-14 at every phase because of these reasons.

If Parliament is concerned about the Supreme courts deadline they can invoke the notwithstanding clause and have more time to bring forth a New piece of legislation that has clear guidelines and truly does protect all Canadians.

S	in	ıC	:ε	er	·e	ŀ	γ	,															

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-09 11:29 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

s.19(1)

From:

Sent: May /, 2016 /:23 PM
To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

Hello, as a concerned Canadian I just wanted to express my opposition to this proposed Bill C-14.

I would appreciate it if you would vote against C-14 at every phase and call on Parliament to bring forward a new piece of legislation that would make assisted suicide and euthanasia illegal. This is still in your power to do. I would rather see our government invest into palliative care. Currently in Canada only 15-30% of Canadians have access to palliative care. This means that Canadians who otherwise might have chosen palliative care if it was available to them may choose assisted suicide instead. This is unjust. Canada must invest into palliative care for all Canadians before investing in assisted suicide for all Canadians.

One of the Canadian Chartered rights is that every Canadian has the freedom of conscience. By forcing Canadians who are morally opposed to assisted suicide to participate in it through their tax dollars the government is forcing Canadians to do something against their conscience. This is wrong and I am opposed to assisted suicide being funded by taxpayer dollars.

Bill C-14 makes no provision for the protection of medical professional conscience rights. This means doctors and nurses who are morally opposed to physician-assisted suicide may be forced to participate in it against their conscience. This is a breech of the Canadian Charter of Rights and Freedoms. This is wrong. The slippery slope is real

Also, ALL other jurisdictions that have opened the door to assisted suicide have widened and widened it over time eventually including the mentally ill and at times even children. I find this incredibly concerning. This slippery slope is real.

Please vote against C-14 at every phase because of these reasons.

If Parliament is concerned about the Supreme courts deadline they can invoke the notwithstanding clause and have more time to bring forth a New piece of legislation that has clear guidelines and truly does protect all Canadians.

Sincerely

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-09 11:31 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

From:

Sent: May 7, 2016 3:03 PM
To: Wilson-Raybould, Jody - M.P.

Subject: Re: Bill C-14

s.19(1)

Dear Ms. Wilson-Raybould,

I write to you concerning the proposed Bill C-14 on medical assistance in dying. I would urge you, before pushing ahead with passage of the bill, to consider well the dangers inherent in any attempt to allow for assisted suicide. Even the Supreme Court of Canada, in the Carter decision, admitted that, under a regime of assisted death, there will more than likely be some abuses. Translated into plain English, this means that the Supreme Court is willing to allow that the right to life be denied to some in order to ensure that the so-called "right to die" be upheld for others. I would submit that even the loss of one innocent life after the passage of Bill C-14 would be too high a price to pay. And yet, here we are in the midst of creating legislation that would take away the safeguards that have always been seen as necessary to protect innocent life.

Moreover, you have made clear that you intend in the future to extend the law to allow assisted suicide in the case of "competent mature minors" and in the case of those who are facing intolerable but non-terminal suffering, in accordance with the recommendations of the Parliamentary Committee on Assisted Dying. What darkness are we entering into here? We used to be a nation that sought to bring hope to those in despair. Are we now to become a nation that not only yields to despair but offers the desperate the poison by which they may put an end to their sorrows? Indeed, if Bill C-14 passes, we will become, overnight, a nation that considers some lives as not worth preserving. Moreover, once the Bill passes, it will only be a matter of time before physicians will be forced to either do the deed or to refer, against their consciences, to someone who will. Freedom of conscience, enshrined in the Charter of Rights, will go out the window. This is the logic of assisted suicide.

What Canada needs is not a law that permits assisted death, but rather a program that ensures quality palliative care for all Canadians. I urge you to ignore the Supreme Court decision, withdraw the proposed legislation and invoke the not-withstanding clause.

Sincerely,

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-09 11:34 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Help fix the government's flawed assisted dying bill

s.19(1)

----Original Message----

From:

Sent: May 7, 2016 6:17 AM

To

Subject: Help fix the government's flawed assisted dying bill

As a concerned Canadian, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.

Kind regards,

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-10 11:26 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 07 May 2016 02:25:31 PM >>>

>>> Subject : PM Web Site Comments - Justice and Attorney General of Canada >>>>

Date: 2016/5/7 14:24:51

Name/Nom :

E-Mail/Adresse électronique

Comments/Commentaires: Dear Prime Minister, I write to you concerning the proposed Bill C-14 on medical assistance in dying. I would urge you, before pushing ahead with passage of the bill, to consider well the dangers inherent in it. Even the Supreme Court of Canada, in the Carter decision, admitted that, under a regime of assisted death, there will more than likely be some abuses. Translated into plain English, this means that the Supreme Court is willing to allow that the right to life be denied to some in order to ensure that the so-called 'right to die' be upheld for others. I would submit that even the loss of one innocent life after the passage of Bill C-14 would be too high a price to pay. And yet, here we are in the midst of creating legislation that would take away the safeguards that have always been seen as necessary to protect innocent life. Justice Minister Jody Wilson-Raybould has made clear that eventually the law will be extended to allow assisted suicide in the cases of 'competent mature minors' and of those who are facing intolerable, but non-terminal suffering, in accordance with the recommendations of the Parliamentary Committee on Assisted

Dying. What darkness are we entering into here? We used to be a nation that sought to bring hope to those in despair. Are we now to become a nation that not only yields to despair but offers the desperate the poison by which they may put an end to their sorrows? Indeed, if Bill C-14 passes, we will become, overnight, a nation that considers some lives as not worth preserving. Moreover, once the Bill passes, it will only be a matter of time before physicians will be forced to either do the deed or to refer, against their consciences, to someone who will. Freedom of conscience, enshrined in the Charter of Rights, will go out the window. This is the logic of assisted suicide. I urge you to withdraw the legislation and invoke the not-withstanding clause.

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: To: May 10. 2016 11:11 AM

Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 06 May 2016 02:09:48 PM >>>

>>> Subject : PM Web Site Comments - Democratic Reform >>>>

Date: 2016/5/6 14:09:13

Name/Nom

E-Mail/Adresse électronique

Comments/Commentaires: Office of the Prime Minister May 6, 2016 80 Wellington StreetOttawa, ON K1A 0A2 Honourable Prime Minister, Sir, I, BEING A RESIDENT OF CANADA, draw the attention of the House to the following: THAT coercion, intimidation or other forms of pressure intended to force physicians and health institutions to become parties in assisted suicide or euthanasia is a violation of fundamental freedoms of conscience; THAT during testimony at the Special Joint Committee for Physician Assisted Dying, witnesses stated that the protection of conscience should be included in the government's legislative response to Carter v Canada (AG); THAT the Canadian Medical Association (CMA) confirmed that conscience protection for physicians would not affect access assisted suicide or euthanasia because 30% of physicians (24,000) would be willing to do it; THAT s.2 of the Canadian Charter of Rights and Freedoms protects the freedom of conscience and freedom of religion; THEREFORE I call upon you and the Parliament of Canada to enshrine in the Criminal Code the protection of conscience for physicians and health care institutions from coercion or intimidation to provide or refer for assisted suicide or euthanasia. Please inform me of how you intend to vote. Sincerely,

The Honourable Jody Wilson-Raybould Minister of Justice and Attorney General Of Canada 284 Wellington Street Ottawa ON K1A 0H8

Dear Minister Wilson-Raybould,

I wish to contact you regarding the upcoming law regarding 'doctor assisted suicide'. I am vehemently opposed to any such law. If this one law is passed, Canada will no longer be a Democracy. Canada, at this time, is admired worldwide for its multicultural nature, its diversity and ability to be inclusive of all races and religions.

However, Canada is a Christian country rooted in values based on Christian beliefs. Let us protect those values. Those are the foundation of our Constitution and its Guarantee of Rights and Freedoms.

No matter what words are chosen to make it more palatable, Canadians will be murdered. Doctors will have to choose to kill, or be party to killing, by having to recommend another physician.

They will no longer have their rights as promised, to the Guarantee of Rights and Freedoms as laid out in the Constitution Act, 1982. (See part 1. # 2.)

Down through the ages people who were determined to end their lives have done so privately, without requiring any law to assist them. Never before have there been more options available. Which begs the question, why this law?

For those who suffer, there is a plethora of drugs to ease their suffering. Scientists work around the clock coming up with more all the time.

What is really required is more funding for compassionate end of life care.

At this time only 30% have access to any palliative care. All Canadians should be given improved care options. Offered effective medical control of pain and, as importantly, loving accompaniment as they near the inevitable end of life. In regard to the suggestion that this new law would, not only be available to the terminally ill, but also to those over the age of 18 years!

That statement alone, is evidence that no government should ever be in the position of making life or death decisions on behalf of the people they serve. The result could be no less than catastrophic!

The brain is not totally developed until over the age of twenty.

Given hormonal growth, with all that it involves, it would seem insane to place such a possibility before a depressed young adult.

Even if depression was severe or long lasting, surely it is by our struggles that we grow strong. Has anyone with an ounce of wisdom, examined the ramifications of such a law? This whole subject is so filled with disasters waiting to happen, it boggles the mind!

If we wish to seriously plan for the future, we need only learn from history. Last time such a law was enacted, it was called 'mercy killing'.

Years before the Second World War, Germany began preparing the minds of people; leaning on the 'kindness' of ending suffering. First it was the terminally ill, then followed the mentally ill, the handicapped, the deformed, etc. by the time people realized what was really behind it, fear had taken over. People were afraid to speak out.

A very sad but true example of this is found in the now classic words of regret of a German pastor of that time *Martin Neimöller (1892-1984.) as he related his chosen silence, rather than defense of his countrymen—

'First they came for Socialists, and I did not speak out-

Because I was not a Socialist.

Then they came for Trade Unionists, and I did not speak out-

Because I was not a Trade Unionist.

Then they came for the Jews, and I did not speak out-

Because I was not a Jew.

Then they came for me—and there was no one left to speak for me'.

*Martin Neimoller spent seven years in a German concentration camp. We live in a country that is remarkable. We have freedom to make responsible choices that we will not regret. We live in a country where our decisions will carve out the future for our children, grandchildren and those who follow into that future.

Our Prime Minister, Justin Trudeau described Canada and Canadians as 'warm, compassionate and welcoming. Caring for the most vulnerable, and richer for our diversity'. (In his reference to opening our arms to the terrible plight of the refugees.)

Surely that same description could never again be true, were such a law to become part of Canada's values.

...But then, what exactly would Canada be? Certainly no longer a Democracy.

Respectfully Yours,	
	s.19(1)

The Honourable Jody Wilson-Raybould Denister of Justice and Attorney General 284 Wellington Street Attawa Un. KIAOH8

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-11 9:51 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Euthanasia and Assisted Suicide Legislation

From:

Sent: May 10, 2010 10:10 PM
To: Wilson-Raybould, Jody - M.P.

Subject: Euthanasia and Assisted Suicide Legislation

Honourable Jody Wilson-Raybould,

I am writing you today to express my concerns with the euthanasia and assisted suicide legislation, most specifically in regards to conscience rights and protections of physicians, healthcare workers and facilities, and individuals such as myself.

It is unjust to force doctors, nurses, etc. to cooperate, therefore participate, either through referral or procedures themselves, in actions which are contrary to their beliefs, standards and convictions. Legislation must clearly state protections for said parties. This will not only protect the conscience rights of caregivers and organizations opposed to euthanasia, but also protect them from coercion and discrimination.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. This can similarly been seen in regards to the laxity abortion laws and services across Canada, which was also left to provincial discretion.

Furthermore, to force a taxpayer, such as myself, who is morally opposed to assisted suicide to participate through my tax dollars is also unjust. The government is therefore denying me the right of freedom of conscience, as guaranteed by the Canadian Charter of rights and freedoms.

I find it the implications of such legislation extremely concerning and unjust.

Thank you.

"Freedom of conscience and religion, as set out in the Charter, exists to ensure that individuals are not coerced by the state, to act in violation of their conscience or religious beliefs... to force physicians, either directly through performance or indirectly through referral, to participate in an act which they believe to be immoral is to violate their freedom of conscience."

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-11 9:43 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Attachments: butterfly_top.gif; butterfly_bottom.gif

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain s that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>>	From	:	
PM	>>>		

Received: 09 May 2016 02:52:19

>>> Subject: I support protecting conscience rights & protecting the

vulnerable. >>>>

Dear Prime Minister Justin Trudeau

While I am opposed to any form of euthanasia, I understand that the province will be developing legislation to regulate assisted death in the near future

I am very concerned about the protection of conscience rights for health care workers and healthcare facilities who cannot participate because of

their moral or ethical convictions.

Provincial legislation must have conscience protections for health care workers and facilities like hospitals, nursing homes, or hospices. This legislation must protect health care workers from being forced to perform or refer for these procedures or being discriminated against because of their conscientious objection. In the same way, facilities must not be required to provide euthanasia on their premises.

No foreign jurisdiction that allows euthanasia requires physicians to refer or facilities to provide it. For example, California's law says that participation in any activities related to assisted suicide is voluntary.

Objecting health care workers and facilities are not able to participate in euthanasia for reasons of conscience, ethics, organizational values, religious convictions or the Hippocratic Oath. Many are members of religious traditions that consider referral of any kind, or allowing assisted death on facility premises, as forms of participation in euthanasia

The Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to do things against their conscience or religious convictions. There are ways to respect patient decision making while also respecting the rights of caregivers and facilities not to be involved.

Objecting caregivers and facilities are motivated by their concern for the well being of the patient. I would like to go to one of these doctors or be cared for in one of these facilities. If they are forced out of Canadian

healthcare, I will not have this option. This restricts my freedom of choice. I would also like to see increased funding for palliative care, mental health and support for people with disabilities. People who are desperate need to have supports in place so that they have an alternative to assisted death.

Sincerely,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: To:

2016-May-12 11:00 AM

Cc:

iviinisteriai Correspondence Unit - Justice Canada

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

Received: 11 May

2016 01:37:06 PM >>>

>>> Subject : My Concern >>>>

Justin Trudeau

As a born and raised Canadian, I am sharing my deep concern that Canada does not recognize the broadening scope of euthanasia if we pass the government-sanctioned killing bill C-14. The Supreme Court has already stated that there is a big risk in legalizing doctor assisted death. In

parts of Belgium, after only ten years of legalized euthanasia, one in three cases of euthanasia is involuntary and half go unreported.(1) Don't till me it won't happen here.

Our first bill to legalize abortion had more guidelines in place than what I see in this proposal and presently we have no abortion law at all.

Abortion can take place up to the moment of natural birth and health professionals are being forced to perform against their conscience or lose their job. This, as I am sure you are aware, is against the Canadian Charter of Rights and Freedoms.

I would also like to point out it is against my freedom of conscience to

have my hard earned tax dollars spent on government-sanctioned killing instead of invested in palliative care - an area that for far too long has been lacking in funding.(2)

I am strongly stating my opposition to bill C-14. I would appreciate it if you would vote against bill C-14 at every phase and call on Parliament to bring forward a new legislation that would make assisted suicide and euthanasia illegal. Canada has a responsibility to protect the vulnerable persons in our society.

Thank you for your time

s.19(1)

(1)

www.lifesitenews.com/opinion/euthanasia-the-horrifying-slippery-slope

(2)

http://www.acclaimhealth.ca/wp-content/uploads/2013/11/Hospice-Palliativ e-Care-in-Canada-CHPCA-Fact-Sheet.pdf pg 2

Ministerial Correspondence Unit - Justice Canada

F	rom:
•	

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-12 10:57 AM

Cc:

winnsterial Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From :

Received:

10 May 2016 10:14:27 PM >>>

>>> Subject: Euthanasia and Assisted Suicide Legislation >>>>

Mr. Prime Minister,

I am writing you today to express my concerns with the euthanasia and assisted suicide legislation, most specifically in regards to conscience rights and protections of physicians, healthcare workers and facilities, and individuals such as myself.

It is unjust to force doctors, nurses, etc. to cooperate, therefore participate, either through referral or procedures themselves, in actions which are contrary to their beliefs, standards and convictions.

Legislation must clearly state protections for said parties. This will not only protect the conscience rights of caregivers and organizations opposed to euthanasia, but also protect them from coercion and discrimination.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. This can similarly been seen in regards to the laxity abortion laws and services across Canada, which was also left to provincial discretion.

Furthermore, to force a taxpayer, such as myself, who is morally opposed to assisted suicide to participate through my tax dollars is also unjust. The government is therefore denying me the right of freedom of conscience, as guaranteed by the Canadian Charter of rights and freedoms.

I find it the implications of such legislation extremely concerning and unjust. While I know that our convictions and opinions are different, I appeal to you because you promote yourself as someone who respects and protects equality and rights of ALL Canadians.

Thank you,

s.19(1)

"Freedom of conscience and religion, as set out in the Charter, exists to ensure that individuals are not coerced by the state, to act in violation of their conscience or religious beliefs... to force physicians, either directly through performance or indirectly through referral, to participate in an act which they believe to be immoral is to violate their freedom of conscience."

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-12 11:20 AM

To: Cc:

iviinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Monsieur,

Au nom du très honorable Justin Trudeau, j'accuse réception de votre récente correspondance au sujet de l'aide médicale à mourir.

Je puis vous assurer que nous avons soigneusement noté vos propos. Comme vous soulevez un enjeu qui relève des portefeuilles de l'honorable Jody Wilson-Raybould, ministre de la Justice et procureure générale du Canada, et de l'honorable Jane Philpott, ministre de la Santé, j'ai pris la liberté de leur transmettre copie de votre courriel. Je suis convaincu que leurs cabinets respectifs voudront accorder toute l'attention nécessaire à vos commentaires.

Je vous remercie d'avoir pris le temps d'écrire.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From :

Received: 11 May 2016 12:26:43 PM >>>

>>> Subject : SUICIDE ASSISTÉ >>>>

SUICIDE ASSISTÉ POURQUOI AVOIR CHOISI L'APPROCHE BELGE PLUTÔT QUE FRANÇAISE?

Il n'y a pas eu de vrai débat philosophique sur la question du suicide assisté adopté au Québec et qui le sera bientôt au Canada. La vie et la mort ne sont-ils pas des domaines de réflexion qui appartiennent aussi aux philosophes? Au Québec et au Canada, on se contente d'écouter les politiciens et les juristes dont la seule référence est la Charte Trudeau et qui s'appuient sur un supposé consensus reposant sur des bases bien fragiles. Quand j'entends Véronique Hivon dire sans sourciller que l'aide à mourir adoptée au Québec est un geste magnanime de solidarité sociale, je frissonne d'effroi. Veut-elle dire qu'il en coûtera moins cher à notre société collectiviste et à notre État crypto-socialiste d'aider (et éventuellement d'inciter) les gens à mourir que de développer les soins palliatifs, ce qui serait une vrai mesure sociale et humaniste. L.D.

Voici une entrevue très intéressante entre Christian Rioux et Jean Leonetti, le père de la loi française sur la fin de vie.

CHRISTIAN RIOUX

Entre l'autonomie et la vulnérabilité Le Devoir

Mathieu Bock-Côté, dans sa chronique d'aujourd'hui ,réussit à élever le débat

MATHIEU BOCK-CÔTÉ http://www.journaldemontreal.com/2016/05/11/faut-il-suicider-les-vieux

Bonne journée

s.19(1)

Folder #: 931818

Ministerial Correspondence Unit - Justice Canada

From:

CIMS_OPER <CIMSOPER@pco-bcp.gc.ca>

Sent:

2016-May-13 8:28 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FROM: Privy Council Office - Bureau du conseil privé [Mail #: 197214

Tracking #: 61260190E]

Attachments:

Reply.doc.docx; Image1.TIF

Attention: Jody Wilson-Raybould, P.C., M.P., Minister of Justice and Attorney General of Canada

The attached correspondence addressed to the Prime Minister is forwarded to your office for action or information as appropriate.

La correspondance ci-jointe adressée au Premier Ministre vous est transmise pour suite à donner ou pour information.

Correspondent / Correspondant :

s.19(1)

Keywords / Mots-clés: Physician assisted death - Neutral

Folder Number / Numéro de dossier:

931818

Tracking Number / Numéro de suivi:

Date on Document / Date du document: 29 Apr 2016

Date Rec'vd (by PCO) / Date de récept.: 09 May 2016

For additional information, please call 941-6887

Pour de plus amples informations, veuillez composer le 941-6887

Date of this E-Mail / Date de la transmission : Fri 13 May 2016 8:27:46 AM

May 11, 2016

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence of April 29 regarding your views on the issue of physician-assisted death.

You may be assured that your comments have been reviewed with interest. In view of their interest in the issue you raise, I have taken the liberty of forwarding copies of your letter to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, who, I am certain, will wish to give your concerns every consideration.

Thank you for taking the time to write.

Yours sincerely,

S. Russell
Executive Correspondence Officer

Right Honourable Justin Trudeau Prime Minister of Canada HOUSE OF COMMONS Ottawa, ON K1A 0A6

April 29, 2016

Dear Prime Minister Trudeau,

I write to you as

and as a Canadian citizen who is seriously concerned about the ethical issues raised by the current debate around the legalization of physician-assisted suicide in our country. The Supreme Court of Canada's decision in February of 2015 to strike down Canada's existing laws prohibiting euthanasia and assisted suicide has opened a wide debate.

As the Canadian Parliament and our Provincial Legislatures are discussing possible legislation, I would like to share with you my concerns about protecting the conscience rights of physicians, healthcare workers and institutions.

Section 2 of the Canadian Charter of Rights and Freedoms provides protection for the fundamental freedoms of conscience and religion. Therefore, I request that whatever Federal legislation being developed regarding euthanasia and assisted suicide will:

- respect and protect the vulnerable;
- provide proper end-of-life and palliative care for those who need it;
- protect the conscience rights of physicians and healthcare workers who, for moral or religious reasons, choose not to participate in euthanasia or assisted suicide, without them suffering professional or personal consequences; and,
- guarantee continued participation in our provincial health care systems without penalty, prejudice or reduction in support or funding, for hospitals, care facilities and other institutions that, for reasons of morality or religion, choose not to participate in euthanasia or assisted suicide.

I ask that you carefully consider my concerns, which I know are shared by other Canadians, as both Federal and Provincial legislation is being drafted and will be voted on.

Sincerely,	s.19(1)
	5.19(1)

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'information.

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Date Received/Date reçue: 2016-05-09

Letter Date /Lettre datée du: 2016-04-29

Right Honourable Justin Trudeau Prime Minister of Canada HOUSE OF COMMONS Ottawa, ON K1A 0A6

MHU/UTC

2016 -05- 0 5

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: io:

2016-May-13 11:46 AM

Cc:

Ministerial Correspondence Unit - Justice Canada

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

s.19(1)

>>> From:

Received: 11 May 2016 09:41:47 PM >>>

>>> Subject : PM Web Site Comments - Justice and Attorney General of Canada >>>>

Date: 2016/5/11 21:40:48 Name/Nom: Helen Rogers E-Mail/Adresse électronique :

elephone/Téléphone :

Comments/Commentaires: I wish to express my disappointment in the approach you have taken with respect to the assisted dying legislation. To make it an option available only to those facing foreseeable death is unjust and shows a lack of commitment to the citizens of this country who are looking for the freedom, and protection, to make personal life and death decisions. The legislation as drafted does not follow the Carter decision in some significant aspects and thus will result in further protracted and expensive litigation which will undoubtedly result in the SCC finding that the legislation infringes the Charter. You should amend now!

From:

Sent:

2016-May-13 11:20 PM

To:

Prime Minister/Premier Ministre

Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Re: letter to the Prime Minister about PAD

Attachments: PAD letter-TRudeau #2-May13'16.docx

Please find attached my letter of May 13'16 in response to the changes made to Bill C 14 and the upcoming third reading of the bill. I am very disappointed in the Liberal government's very inadequate legislation.

---- Original Message -----

From: "Prime Minister/Premier Ministre" < PM@pm.gc.ca>

Cc: "Jody Wilson-Raybould, P.C., M.P." <mcu@justice.gc.ca>, "Jane Philpott, P.C., M.P." <Minister_ministre@hc-sc.gc.ca>

Sent: Thursday, April 28, 2016 7:53:45 AM

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon

Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From

Received: 24 Apr 2016

08:17:13 PM >>>

>>> Subject : letter re bill C-14 >>>>

Please find attached a letter regarding Bill C-14 that was recently proposed by your government....

May 13,2016

Prime Minster Justin Trudeau Government of Canada Ottawa, Ontario

Dear Prime Minster Trudeau,

Thank you for your response to an earlier letter that I wrote to you regarding the legislation in process – Bill C 14 to address Physician Assisted Dying. As you are well aware this legislation is being proposed in response to a Supreme Court decision in February 2015 which struck down the previous law that made it a criminal offense to assist someone to die. The deadline is for June 6.

The legislation that will come to Parliament next week for third reading falls far short of what was indicated by the Supreme Court decision. It is flawed, inadequate and will not meet the requirements of the Supreme Court. The law will be challenged and will be found to be discriminatory against people with grievous, chronic conditions which cause significant suffering as well as those diagnosed with dementia or some other condition which will rob them of their competence to make decision for themselves.

Please see the link to an op-ed which describes what I am thinking so much better than I could put into words. http://www.dyingwithdignity.ca/billc14 letdown

It looks like the honeymoon is over and the sunny glow has faded from the Liberal party promises of "Real Change". This legislation is a continuation of Conservative party ignorance and inability to draft legislation that concurs with the Charter of Rights and Freedoms and complies with Supreme Court judgments.

I feel very strongly about the personal choice and human rights implicated in this issue. I do not know if I would ever opt to choose physician assisted dying but it must be an option for all those experiencing grievous and irremediable suffering, whether it be from intractable mental health disorders, chronic conditions etc. I had just started being a regular donor to the Liberal Party, in support of your "real change" but am making a choice to re-direct my funds to the Dying with Dignity organization that will continue the fight to have the broadest interpretation of the issue passed into law- this is the same work that Liberal Rob Oliphant and his committee have recommended.

I hope that the Liberal party under your leadership does think about what you mean when you say "real change" and "leadership with vision" to ensure that these slogans are not just cute words and plastic buttons, that fall by the wayside when something difficult comes along.

Sincerely,

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-13 10:59 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

Re: Euthanasia and Assisted Suicide

May 13, 2016

The Honourable Jody Wilson-Raybould Minister of Justice and Attorney General of Canada 284 Wellington Street Ottawa, Ontario K1A 0H8

Dear Mr. Wilson-Raybould:

I am writing to you about Bill C-14.

I am very concerned that Bill C-14 doesn't provide conscience protection for health care providers and institutions. The preamble of the bill mentions the government has committed to developing non-legislative 'measures that respect the personal convictions of healthcare providers, but the bill does not provide any protection itself, nor does it commit to protecting the conscience of institutions.

Euthanasia and assisted suicide violate the respect for human life which is foundational to Canadian society. I am opposed to euthanasia and assisted suicide, and am very concerned that the government is moving ahead with allowing these practices.

But if euthanasia and assisted are decriminalized, it is essential that no one be compelled to participate directly or indirectly in the taking of a human life.

Pharmacists, doctors and nurse practitioners must have the right to refuse to participate in "medical assistance in dying" for reasons of conscience, either directly or indirectly, including the right not to have to make a referral. Institutions that provide care for patients and residents must not be compelled to help bring about their death, or required to allow this to occur on their premises.

Please take every step possible to protect the conscience rights of both medical professionals and of institutions which have mission statements incompatible with the intentional taking of human life.

Please amend Bill C-14 to include strong, specific conscience protection for individuals and institutions.

We ask you to represent our concerns. Please let us know how you will communicate our concerns to your colleagues.

Sincerely,

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-14 9:44 PM

To:

Ministerial Correspondence Unit - Justice Canada; wayne.easter@parl.gc.ca

Subject: doctor assisted suiside

I would like to request that you ensure that the Bill C-14 include protection for health care workers and institutions, warranting that they do not have to provide for euthanasia/assisted suicide.

Ensure that palliative care and quality support services ,as a national priority, will be effectively provided to those in need.

I feel these are two important issues that need to addressed and added to the Bill . I hope you will see that this is put in place .

Thank You

MINISTER COUNTINE
MINISTRE DE CUNSTICE
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RECEIV 60/REQU

Hon. Jody Wilson-Raybauld, Minister of Justice

May 15/2016

Dear Ms. Wilson-Raybauld

May I at this very late stage (I appreciate your deadline) beg that you revoke the requirement that doctors, nurses etc be obliged to perform euthanasia against their conscience beliefs?

No other jurisdiction which has legalised euthanasia has made such a demand on their medical personnel.

To a doctor with a conscience in this matter, to refer a patient to another doctor who is in favour of euthanasia, is just as wrong as doing the procedure himself. Section 2a of our Canadian Charter assures citizens of freedom of conscience. Therefore this proposed law infringes that right.

A doctor who is conscience stricken about this legislation may feel he has no alternative but to resign from his position, thereby throwing away years of study and associated expense.

Canada is currently short of medical professionals. This legislation will only aggravate that situation.

As a concerned citizen, I implore you to revoke the clause which is going to bring hardship to many hard working Canadian men and women.

Yours very respectfully

s.19(1)

cc .Prime Minister, Minister of Health and MP for Sunshine Coast etc.

cc. also to relevant MLA's for British Columbia

Ms. Wilson-Raybandd Minister of Instice House of commons OTTAWA ON KIADAG Dear Minister Wilson-Raybould,

Although personally opposed to any form of assisted suicide, I realize that the government now must provide legislation on this issue. I would prefer to see assisted suicide, if legalized, to be provided by non-physicians. Medicine has a long and honourable tradition, established by Hippocrates, who held that life was sacred and wanted to separate healing the sick from any kind of killing. Why change that now? It's just not necessary.

I'm obviously concerned that the legislation might not adequately protect physician conscience rights and in some way force physicians to refer patients for PAD. There are certainly alternative ways to respect the patient's request without compelling a dedicated physician to face professional disciplinary action because they wish to follow their conscience. A patient is free to choose another provider if his physician refuses to refer for PAD. It's difficult to envision a situation where PAD would be an emergency. The Canadian Charter of Rights and Freedoms supposedly protects Canadian citizens from being forced by the state to act against their moral or religious convictions.

I am also concerned about the protection of vulnerable people in society – those with mental disorders; those with other chronic conditions; those who are underage; the elderly - who might feel themselves to be "a burden on society or their family" who might feel obligated to participate in PAD by relatives eager for the proceeds of the will. Governments, also, must be careful not to go along with PAD partially as a partial solution to rising medical costs, although, of course, such an idea would never be verbalized. (Perhaps not right now, but maybe in a generation as morals and values continue their slide) I have enclosed some copies of documents by those more eloquent than I and by the evidence from the Netherlands of the euthanizing of people without their implicit consent. I am sure that the government and the medical profession there were very confident that they had adequate safeguards in place to prevent this very thing when PAD was first legalized.

Sincerely,
s.19(1)
cc The Honourable Jane Philpott

MINISTER OF JUSTICE
INISTRE DE LA JUSTICE
2016 JUN -8 F2 2: 11

Commentary

Emerging assault on freedom of conscience

Stephen J. Genuis MD FRCSC DABOG DABEM

No provision in our Constitution ought to be dearer to man than that which protects the rights of conscience against the enterprises of the civil authority.

Thomas Icfferson

iscussion on physician autonomy at the 2014 and 2015 Canadian Medical Association (CMA) annual meetings highlighted an emerging issue of enormous importance: the contentious matter of freedom of conscience (FOC) within clinical practice. In 2014, a motion was passed by delegates to CMA's General Council, and affirmed by the Board of Directors, supporting the right of all physicians, within the bounds of existing legislation, to follow their conscience with regard to providing medical aid in dying. The overwhelming sentiment among those in attendance was that physicians should retain the right to choose when it comes to matters of conscience related to end-of-life intervention. Support for doctors refusing to engage in care that clashes with their beliefs was reaffirmed in 2015. However, a registrar from a provincial college of physicians and surgeons is reported to have a differing perspective, stating "Patient rights trump our rights. Patient needs trump our needs."1 So, do the personal wishes of doctors hold much sway in Canadian society, where physicians are increasingly perceived as publicly funded service providers? Should the colleges of physicians and surgeons have the power to remove competent physicians who refuse to violate their own conscience? And what about FOC in a range of other thorny medical situations unrelated to physician-assisted dying?

The FOC issue is gathering attention in bioethical domains, but many busy clinicians are not apprised of the challenges and debates taking place. The FOC dispute is of utmost importance to medical practitioners, as some medical regulators, professional ethicists, and legal personnel, often far removed from the practice of clinical medicine, are rapidly attempting to restrict FOC for doctors under the umbrella of patient autonomy and human rights. Here I provide some fodder for consideration about the implications of conscience infringement in clinical medicine.

Regulatory imperialism in medicine

There are many challenging and unforeseen situations within the broad spectrum of clinical practice and medical specialties (Table 1).2.8 Physicians from diverse

This article has been peer reviewed. Can Fam Physician 2016;62:293-6

La traduction en français de cet article se trouve à www.cfp.ca dans la table des matières du numéro d'avril 2016 à la page e164.

backgrounds are increasingly beset with perplexing clinical scenarios that sometimes require difficult ethical decision making. If a physician does not agree with the request of the patient or the dictates of regulators, ethical collision might arise—a situation that can be rather stressful for doctors. As a medical community, are we committed to maintaining FOC for physicians, or are we prepared for others to predetermine how we should behave?

Most doctors agree that physicians should never do what they believe is morally wrong, no matter what alleged experts say.9 Yet, some governments, human rights commissions (HRCs), and medical regulators have begun to question whether refusal to participate in legal medical interventions might be unacceptable. Some ethicists feel that "doctors who conscientiously refuse to perform legal procedures are offering partial medical services and are not fulfilling their obligation to care for their patients."10 The Ontario Human Rights Commission posits that doctors should "check their personal views at the door" when providing medical care, even if those views are sincerely held moral convictions.11 In addition, some legal professionals contend that "physicians who feel entitled to subordinate their patient's desire for wellbeing to the service of their own personal morality or conscience should not practice clinical medicine."12 Going "against the flow" owing to conscientious or ethical conviction is often portrayed as "unprofessional" and disparagingly depicted as serving personal interests rather than providing optimal care.

How should health providers respond in polarizing clinical situations?¹² Some suggest it is the responsibility of doctors to maintain the standard of care (SOC)—that ethereal algorithm that defines what the community of clinicians allegedly deems appropriate and the grid by which to judge a physician's performance. Pronouncements about SOC have become increasingly ubiquitous and seem to dictate what is expected from physicians in clinical situations. This approach has considerable drawbacks.

- The SOC is often derived from clinical practice guidelines (CPGs). Sadly, by far most CPGs are influenced by commercial interests. 14-19 This finding has challenged the credibility of current CPG and SOC processes, as numerous egregious conflict-of-interest violations have been highlighted in the literature. 18-19-21
- Standard-of-care dictates are often out of date owing to the slow process of knowledge translation²²⁻²⁵ and long intervals between CPG reviews.²⁶ Knowledge can quickly change, and dogma can rapidly become dogmatically wrong. Consequently, physicians who follow emerging research literature, attend conferences, and adopt practices in line with up-to-date studies might be

VOL 62: APRIL • AVRIL 2016 | Consolien Family Physician • Le Médecin de familie conadien 293 .

Table 1. Examples of clinical situations that might result in ethical tension or conscientious refusal

PATIENT, GUARDIAN, OR REGULATORY REQUEST

SITUATION OF ETHICAL COLLISION

Parents of a young woman in Quebec request a virginity certificate

Based on personal moral beliefs, the clinician refuses to examine the hymen of the young woman, despite explicit consent from the young woman herself

Physician pressured to perform cardiopulmonary resuscitation

In a case consistently deemed medically futile, a conscientious clinician refuses to prolong dying, equander resources, and extend patient suffering by repeatedly commencing cardiopulmonary resuscitation?

Government pressures a physician to perform a punitive amputation

Orthopedic surgeon told by Afghani government officials to amputate a healthy man's leg as punishment for theft³

Parents request female genital mutilation for their child as a required part of their belief system Volunteer physician working in a village abroad as part of an international medical team is asked to perform female circumcision, a procedure that violates his moral beliefs

Patient in Canada demands respect for autonomy in choice of physician Physician asked to determine fetal sex A pregnant woman refuses emergency obstetric care based on the clinician's sex and race. She demands referral to a female physician of a different ethnic origin

Patient request for assisted suicide in

Request that the physician determine fetal sex at 12 weeks' gestation with the expressed aim of choosing feticide if the fetus is not male. Based on moral beliefs denouncing discrimination against women, he refuses

jurisdiction where this has been legalized

Administrative pressure to increase hospital

A young patient with mental illness adamantly requests that a physician prescribe a lethal dose of sedation. Physician refuses

Administrative pressure to increase nospital efficiency at the expense of patient care

A physician is disturbed by his inability to provide optimal care for seniors with dementia owing to explicit institutional economic constraints

Patient asks family physician to be dishonest

An immigrant woman implores her physician to lie to her husband regarding the nature of a previous surreptitious medical visit. Physician refuses to lie, based on moral beliefs

Patient in emergency demands narcotic analgesia

Physician is suspicious of narcotic abuse and refuses to prescribe it

Parents of child refuse consent for lifesaving blood transfusion Based on moral stance to protect life, the physician considers legal measures to save the life of the child through blood replacement?

Patient with personal sexual obsession requests surgery to fulfil origoing erotic

Some patients with various morbidities, such as those who are transabled, might request procedures that would inflict self-harm. Physician refuses to knowingly inflict harm

considered "outside the box" and not in line with outmoded SOC perspectives that lag behind new findings.

• Unlike scientific questions, most ethical issues involve subjective judgment and cannot be answered by empirical research. Accordingly, if it is impossible to objectively determine that either of 2 ethical poles is right, both sides of the argument must concede that there is at least some possibility that opponents could be right. In a pluralistic society with no common vision of what is right or good, assigning a dogmatic SOC on subjective matters of ethics can be arbitrary, biased, and a tool to enforce regulatory dictates of those in power. As such, SOC guidelines might not be suitable for credibly judging actions relating to ethical questions in clinical medicine.

So the question arises as to whether competent physicians should have the freedom to do what they believe is right and act in what they believe to be the best interests of patients, or whether they must be confined to what regulators with authority deem appropriate.

Considerations at the crossroads

The emerging move to restrict physicians' right to choose in clinical situations raises many issues that deserve consideration.

- Throughout medical history, celebrated advancements in medicine have generally occurred because conscientious practitioners courageously diverged from the status quo. Will the new professionalism crush iconoclasm, demand conformity, and mandate a preparedness to do what one believes to be morally wrong or unethical as a professional requirement to join and remain within the medical community?
- A policy to coerce health professionals to act against their own judgment will convert doctors into skilled technological servants, not professionals who assess and manage each patient according to their own wisdom and judgment. Is this transition in line with our mandate as health providers?
- It is alleged that maintaining a distinctive "professional conscience" that supplants "personal conscience" in professional situations will enable contrarian practitioners to fully participate in professional practice while adhering to personal beliefs. This professional conscience would allow physicians to abide by the SOC, while retaining their personal moral code in their private life. While some accept the notion of "moral flexibility" and divorcing personal values from professional behaviour, others contend that shifting morals translate into moral ineptitude and that maintaining modifiable contradictory

- values depending on circumstances defies the definition of *conscience*. Can one legitimately "do no harm" while doing what one sincerely believes is harmful?
- An issue that has gathered much controversy is the proposed mandatory patient referral for procedures primary physicians consider abhorrent. Ethical physicians refer to consultants they believe will undertake interventions to improve the well-being of the patient. To knowingly refer to someone they anticipate will proceed in a way they feel is destructive or unethical is to disregard the fundamental objective of a consultation, and to be complicit in harm. For example, as more than 80% of palliative care physicians object to and want no part of physician-assisted death,²⁸ a policy of mandatory referral will force these end-of-life care specialists to refer their patients to another who will execute the patient's request and the patient. What might such a policy do to the morale and the already short supply of palliative care physicians?
- What about doctors who have taken the Hippocratic oath—the bedrock of medical ethics throughout the history of Western medicine? These physicians swore to never do harm and to protect life from the moment of conception to the point of natural death. In the oath, they also swore "I will not give a drug that is deadly to anyone if asked, nor will I suggest the way to such a counsel." Are some regulatory bodies explicitly coercing physicians to break a swom oath? As such, are regulatory bodies compelling professionals to engage in a breach of trust? What is the value of an oath if regulators coerce members to violate it? Further, does counseling patients to attend another doctor not "suggest the way" and thus also violate this fundamental oath?
- The potential intrusion by nonmedical bodies such as HRCs into clinical practice decisions is confusing. Such commissions are allegedly in the business of protecting diversity, securing human rights, and combating discrimination. The policy of coercing ethical doctors to do what they feel is wrong or unethical displays supreme intolerance of diverse views and choice precisely at a time in Canada when HRCs are demanding more tolerance, heralding choice, and proclaiming respect for diversity. Is such intolerance of conscientious doctors by HRCs not discrimination on the basis of ethical orientation?
- Do HRCs claim to have the clinical perspicacity and familiarity with medical science and research to authoritatively arbitrate in complex matters relating to the intricacies and nuances within physician-patient interactions and relationships? Will physicians be entitled to express their sincere opinions to patients only as long as they say the "right" things according to the HRC grid, and enjoy freedom of providing care only as long as they choose the HRC-approved clinical course of action?
- According to the College of Physicians and Surgeons of Ontario, discrimination is "an act, decision or

- communication that results in the unfair treatment of a person or group by either imposing a burden on them, or denying them a right, privilege, benefit or opportunity enjoyed by others." The Canadian Charter of Rights and Freedoms explicitly states that all Canadian citizens enjoy fundamental FOC. Is a blanket policy of FOC denial for physicians not an affront to the Charter and flagrant discrimination (based on the College of Physicians and Surgeons of Ontario's definition) against a large group of physicians? Is a policy that coerces sincere, caring professionals to engage in actions they feel are wrong, unprofessional, or harmful not imposing a profound burden?
- In 2013, the Collège des médecins du Québec issued a warning for doctors to stop performing virginity testing, 22 despite patient requests. The President of the college referred to virginity testing as "outrageous, repugnant, irrelevant and unacceptable." Further, conscientious physicians who steadfastly refused to fulfil such legal patient requests were hailed as courageous and honourable. So, is conscience "good" when the colleges agree and "bad" when the colleges see differently? Does such inconsistency suggest that the crux of this issue is not really "patient rights" or "conscience" at all?
- Some suggest that conscientious refusal based on science is honourable, but refusal based on morality or conscience is unacceptable. Webster and Bayliss describe moral residue as "that which each of us carries with us from those times in our lives when in the face of moral distress we have seriously compromised ourselves or allowed ourselves to be compromised." Moral injury has been defined as the consequences of "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs or expectations." Consideration of personal trauma that might be done to individuals compelled to act against their moral conscience is an important part of this discussion. Do we wish to practise our profession in a milieu that will inflict moral trauma on physicians?
- The move to denial of conscience rights to physicians has been primarily instigated by groups such as ethicists and lawyers far removed from clinical medicine. Such antichoice intrusion displays a lack of respect for the competence, ability, and integrity of health professionals and has the potential to adversely affect physician morale and the physician-patient relationship. Is the medical community prepared for such uninvited imposition of values?
- Denial of conscience rights demands the oxymoronic juxtaposition of physicians using their best clinical judgment and disposing of that judgment if patients or regulators disagree. What will this kind of inconsistency do to clinical care and the morale of the profession?
- As patients maintain the freedom to choose their physicians, they will likely prefer and select doctors they believe will do their very best for them at all times, no

matter what regulators deem suitable. What will happen to patient trust and physician-patient relationships if patients realize doctors must succumb to regulatory demands? How will patient care be affected if authoritarian dogma euthanizes the conscience of ethical physicians, forcing them to act against their own conscience?

Finally, ethics are not black and white and there always remains a degree of uncertainty.27 Views evolve in response to new research, new thinking, new attitudes, and new experiences-some things considered vile a few years ago are now celebrated; some things acceptable a few years ago are now considered vile. The work of ethics is dynamic and ongoing. With the degree of uncertainty involved in nuanced ethical situations, do regulators, HRCs, legal experts, or politicians have absolute transcendent acumen to determine and judge what is ultimately right in difficult clinical situations?

Concluding thoughts

Regulation of the medical profession is said to be done in the public interest. It is essential that physicians submit to capable regulation in order to secure medical competence and to preclude and address violations of professional and ethical behaviour—this is a hallmark of credible health care delivery. A policy of regulators coercing medical professionals to jettison their moral compass, to defy their own conscience, to enact what they believe is unethical or harmful, and to abandon their lifelong values and standards to participate in care they deem destructive or unconscionable is another matter altogether.

As Hippocrates—author of the Hippocratic oath and father of Western scientific medicine-recognized long ago, the personal character and virtue of individual physicians is central to high-quality health care. It is crucial to avoid injury to the ethical integrity of principled physicians. Compelling doctors to do what they believe is morally wrong or reprehensible is a formula for the breakdown of character and has enormous individual and societal consequences. 46 As the steamroller to subordinate individual liberty and autonomy in the medical community has arrived,36 physicians should seriously consider the implications of surrendering the sacrosanct physician-patient relationship to the purview of political and regulatory masters.

With the neglected and expanding pandemic of chronic disease,31.39 the disgraceful shortage of palliative care for those suffering,39 and the ongoing lack of access to basic primary care for many,49 medical regulatory bodies should perhaps devote energies to fulfilling their mandate of "protecting the public," rather than spending time and resources intimidating credible physicians who are acting in good conscience as they seek to serve patients.

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Competing interests None declared

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The orinions expressed in commentaries are those of the authors. Publication does not empty endorsement by the College of Family Physicians of Canada

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Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey

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Previously published at www.cmaj.ca

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See related research article by Inghelbrecht and colleagues, page 905

ABSTRACT

Background: Legalization of euthanasia and physicianassisted suicide has been heavily debated in many countries. To help inform this debate, we describe the practices of euthanasia and assisted suicide, and the use of lifeending drugs without an explicit request from the patient, in Flanders, Belgium, where euthanasia is legal.

Methods: We mailed a questionnaire regarding the use of life-ending drugs with or without explicit patient request to physicians who certified a representative sample (n = 6927) of death certificates of patients who died in Flanders between June and November 2007.

Results: The response rate was 58.4%. Overall, 208 deaths involving the use of life-ending drugs were reported: 142 (weighted prevalence 2.0%) were with an explicit patient request (euthanasia or assisted suicide) and 66 (weighted prevalence 1.8%) were without an explicit request. Euthanasia and assisted suicide mostly involved patients less than 80 years of age, those with cancer and those dying at home. Use of life-ending drugs without an explicit request mostly involved patients 80 years of older, those with a disease other than cancer and those in hospital. Of the deaths without an explicit request, the decision was not discussed with the patient in 77.9% of cases. Compared with assisted deaths with the patient's explicit request, those without an explicit request were more likely to have a shorter length of treatment of the terminal illness, to have cure as a goal of treatment in the last week, to have a shorter estimated time by which life was shortened and to involve the administration of opioids.

Interpretation: Physician-assisted deaths with an explicit patient request (euthanasia and assisted suicide) and without an explicit request occurred in different patient groups and under different circumstances. Cases without an explicit request often involved patients whose diseases had unpredictable end-of-life trajectories. Although opioids were used in most of these cases, misconceptions seem to persist about their actual life-shortening effects.

uthanasia and physician-assisted suicide are heavily debated issues in medical practice. In recent years, three European countries (Belgium and the Nether-

lands in 2002, and Luxemburg in 2009) and two US states (Oregon in 1997 and Washington State in 2009) decriminalized euthanasia and physician-assisted suicide under formal conditions. ¹⁻⁵ Canada is among a number of countries where the debate over legalization has flared up, with a proposed bill reaching Parliament and a pro-euthanasia proposal by the Quebec College of Physicians.⁶

Understandably, the issue of euthanasia triggers much emotion and can be fraught with speculative arguments. Opponents of euthanasia often argue that legalizing the procedure will lead to a rise in the use of life-ending drugs without a patient's explicit request, especially in vulnerable patient groups.⁷⁻¹⁰ Thus far, however, no indications of this have been found in studies of physician-assisted deaths before and after legalization in Belgium and the Netherlands.^{9,11,12} In Belgium, the percentage of deaths in which life-ending drugs were used remained stable, and the proportion without an explicit request from the patient decreased.¹² Other studies have shown that euthanasia, physician-assisted suicide and the use of life-ending drugs without explicit patient request are not confined to countries where physician-assisted death is legal.¹³⁻¹⁶

In addition to knowing the overall occurrence of physician-assisted death, it is equally important for an adequately informed, empirically based debate to know its performance in vulnerable patient groups and the care put into the decision and performance. In light of legalization and its alleged effects on the use of life-ending drugs without patient request, it is also important to map similarities and differences between euthanasia and the use of life-ending drugs without explicit patient request. In this article, we report our investigation of demographic and clinical characteristics associated with physician-assisted deaths in Flanders, Belgium; the involvement of the patient, relatives and other caregivers in

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The role of nurses in physician-assisted deaths in Belgium

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See related research article by Chambaere and colleagues, page 895

ABSTRACT

Background: Belgium's law on euthanasia allows only physicians to perform the act. We investigated the involvement of nurses in the decision-making and in the preparation and administration of life-ending drugs with a patient's explicit request (euthanasia) or without an explicit request. We also examined factors associated with these deaths.

Methods: In 2007, we surveyed 1678 nurses who, in an earlier survey, had reported caring for one or more patients who received a potential life-ending decision within the year before the survey. Eligible nurses were surveyed about their most recent case.

Results: The response rate was 76%. Overall, 128 nurses reported having cared for a patient who received euthanasia and 120 for a patient who received life-ending drugs without his or her explicit request. Respectively, 64% (75/117) and 69% (81/118) of these nurses were involved in the physician's decision-making process. More often this entailed an exchange of information on the patient's condition or the patient's or relatives' wishes (45% [34/117] and 51% [41/118]) than sharing in the decision-making (24% [18/117] and 31% [25/118]). The life-ending drugs were administered by the nurse in 12% of the cases of euthanasia, as compared with 45% of the cases of assisted death without an explicit request. In both types of assisted death, the nurses acted on the physician's orders but mostly in the physician's absence. Factors significantly associated with a nurse administering the life-ending drugs included being a male nurse working in a hospital (odds ratio [OR] 40:07, 95% confidence interval [CI] 7.37-217.79) and the patient being over 80 years old (OR 5.57, 95% CI 1:98-15:70)

Interpretation: By administering the life-ending drugs in some of the cases of euthanasia, and in almost half of the cases without an explicit request from the patient, the nurses in our study operated beyond the legal margins of their profession.

focuses mainly on the role and responsibilities of the physician. However, physicians worldwide have reported that nurses are also involved in these medical practices, mostly in the decision-making and sometimes in the administration of the life-ending drugs. Critical care, Oncology and palliative care nurses have confirmed this by reporting their own involvement, particularly in cases of euthanasia.

In Belgium, the law permits physicians to perform euthanasia under strict requirements of due care, one of which is that they must discuss the request with the nurses involved. There are no further explicit stipulations determining the role of nurses in euthanasia. Physician-assisted death is legally regulated in some other countries as well (e.g., the Netherlands, Luxemburg and the US states of Oregon and Washington State), without specifying the role of nurses. Reports from nurses in these jurisdictions are scarce, apart from some that are limited to particular settings, or lack details about their involvement. 13,14

We conducted this study to investigate the involvement of nurses in Flanders, Belgium, in the decision-making and in the preparation and administration of life-ending drugs with, or without, a patient's explicit request. We also examined patient- and nurse-related factors associated with the involvement of nurses in these deaths. In a related research article, Chambaere and colleagues describe the findings from a survey of physicians in Flanders about the practices of euthanasia and assisted suicide, and the use of life-ending drugs without an explicit request from the patient.¹⁷

Methods

Study design

In 2007, we performed a two-phase large-scale survey exploring the attitude of nurses toward end-of-life decisions with a possible or certain life-shortening effect, and their involvement in these types of decisions.

edical end-of-life decisions with a possible or certain life-shortening effect occur often in end-of-life care. 1-3 The most controversial and ethically debated medical practice is that in which drugs are administered with the intention of ending the patient's life, whether at the patient's explicit request (euthanasia) or not. The debate

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Quinine and leg cramps

We would like to respond to Hogan's commentary, which states that quinine is not a safe drug in the treatment of muscle cramps. Hogan points out that nonpharmacologic and other pharmacologic options should be tried before prescribing quinine sulphate.1 But, it is important to note that our previously published recommendations and guidelines² maintain a clear role for quinine when prescribed by physicians, and when adequate counselling is given to patients and adequate monitoring is in place. Simply calling a drug unsafe may lead to bans similar to those enacted in the United States, which severely limit options for neuromuscular clinicians who care for patients with disabling and terminal conditions such as amyotrophic lateral sclerosis.

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CMAJ 2015. DOI:10.1503/cmaj.1150039

The author responds

I thank Katzberg and Breiner for their letter. I do not believe that the use of quinine for muscle cramps should be banned, and I concur with the conclusion of the systematic review that Katzberg coauthored: "quinine derivatives for the treatment of muscle cramps should be avoided for routine treatment." Quinine derivatives should only be prescribed to patients who have been informed of the potentially serious adverse effects and "when cramps are very disabling, no other agents relieve symptoms, and there is careful monitoring of side effects."

Our intent was to voice caution about the indiscriminate use of quinine for idiopathic muscle cramps in older patients, not to limit its use for patients with conditions such as amyotrophic lateral sclerosis, who were excluded from the study by Garrison and colleagues.³

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We need a moral compass

Downie's commentary on physicianassisted suicide states that "as a profession we must ensure that there are physicians willing and able" to further this end once it is legal and regulated. Over two millennia ago, the Hippocratic Oath described how the push to end our patients' lives was evident even back then: "I will not give a lethal drug to obliged to medicalize suffering by making use of euthanasia, which corrupts end-of-life care³ and the treatment of hopelessness and mental illness.⁴

Many patients are searching for hope. This can be found in a therapeutic relationship that is genuinely caring and respects the value of a person's life, not only at the end of life, but also in conditions like depression and dementia. How can we as a society and a medical profession prevent suicide on the one hand and promote it with the other?

Conscientious doctors who do not want to betray their moral obligation to first do no harm nor to kill should not be complicit with the act of euthanasia by referring for it. Jurisdictions where euthanasia and assisted suicide are legal have acknowledged and respected the rights of doctors to act according to their consciences. Patients may transfer their files to another physician whom they have designated to carry out their wishes. As evidenced by legislation in Oregon, Washington, Vermont, Luxembourg, Belgium and The Netherlands, however, no legal obligation exists for a physician to perform euthanasia or to

How can we as a society and a medical profession prevent suicide on the one hand and promote it with the other?

anyone if I am asked, nor will I advise such a plan." Hippocratic medicine represented the dawn of principled practice, which is widely seen as the basis for Western medicine. Even then, they could see that just because they could do something didn't mean they should.

Modern medicine has not stopped searching for a solution to this timeless challenge. Modern palliative and psychiatric care and novel symptom management are among such endeavours. Even when faced with severe physical symptoms, doctors have ethical approaches at their disposition such as the use of sedatives for refractory symptoms at the end of life. Patients should always be comforted and doctors should not feel

refer the patient to another physician. Patients cannot demand euthanasia.

Faced with the spectre of forced participation in euthanasia and assisted suicide, Canada should enact similar legislation. Although this may result in travelling death clinics,⁵ the integrity of medicine could be preserved if we permit physicians the option to act ethically and first do no harm.

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Downie J. Carter v. Canada: What's next for physicians? CMAJ 2015;187:481-2.



Conscientious objection to physicianassisted dying: Protecting Charter rights

The Supreme Court of Canada's decision declaring the prohibition on physicianassisted dying unconstitutional¹ concerns some CMPA members who object for moral or religious reasons to helping patients end their lives.

HOSE PHYSICIANS, and a number of medical associations, are particularly concerned about legislation and regulatory authority (College) policies that will likely be amended or created as a result of the Court's decision. They want these laws and regulations to protect their right to refuse to participate in the practice.

In its decision, the Supreme Court did state that, based on freedom of conscience, physicians have the right to refuse to assist a patient to die. The Court also said that any legislative and regulatory response to its decision must reconcile the *Charter* rights of both patients and physicians. However, the Court did not specifically address whether physicians who refuse to assist a patient in dying on moral or religious grounds might be required to refer the patient. This issue can be significant for physicians who see a referral as morally equivalent to personally assisting a patient to die.

The concern with a mandatory duty to refer a patient for physician-assisted dying originates, in part, from positions taken previously by some Colleges. Several Colleges have stated that physicians who are unwilling to provide certain care (e.g. birth control prescriptions, abortions) due to their moral or religious beliefs must refer the patient to another healthcare provider who will provide those services.

At this article's writing, no Colleges have yet indicated whether this principle will extend to assisted dying. If it does, physicians who refuse to make or facilitate such a referral could face disciplinary action.

This spring, concerns with protecting the *Charter* right of conscientious objectors resulted in a legal action being launched. The Christian Medical and Dental Society of Canada, the Canadian Federation of Catholic Physicians' Societies, and some individual physicians have asked the Ontario courts to declare that portions of a College of Physicians

and Surgeons of Ontario policy violate their Charter rights. These groups object to the portions of the policy that require physicians who refuse to provide a service on the basis of conscience or religion to provide patients with an effective referral to another healthcare professional who is willing to provide that service.

Issues with conscientious refusal might be addressed in legislation that will be enacted in response to the Supreme Court's decision. In Québec's end-of-life legislation that is scheduled to come into force in December 2015, physicians are allowed to refuse a request for medical aid in dying for personal reasons and are not required to make a direct referral. Instead, the physician must advise the authority specified in the legislation (e.g. hospital), and that authority will refer the patient. This will allow Québec physicians to refuse to provide aid in dying based on conscientious grounds, while also permitting patients to obtain such care.

The CMPA will continue to inform members of developing medical-legal issues in this area. As part of the continuing dialogue on this issue, the CMPA's August 2015 Annual Meeting features a panel discussion on the medical-legal issues arising from end-of-life care.

1. Carter v. Canada (2015)

For more information on the panel discussion on end-of-life care and the CMPA's 2015 Annual Meeting, turn to the back cover of this issue.



Members of the house of commons.

The Honourable Jody Wilson-Raybould

Minister of Justice and Attorney General of Canada

28 H Wellington Street

OHawa ON

KIA OH8

Ministerial Correspo	ondence Unit - Justi	ce Canada				
From: Sent: To: Cc: Subject:	2016-May-16 to Carolyn Benne Justin.trudeau Say 'Yes' to Ca		erial Corresp C-14	ondence Unit	- Justice Canad	' da
Dear Carolyn Bennet	t MP,					
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Ministerial Correspondence Unit - Justice Canada

From:

Sent:

2016-May-16 8:45 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

euthanasia/assisted suicide

To THE honorable Minister

Please be advised, I and my family are absolutely, totally, and completely opposed to any form of euthanasia/assisted suicide.

I would suggest the government commit more resources to palliative care.

Sincerely

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-16 9:53 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada

FW: Bill c-14 Physician Assisted Dying Bill

----Original Message----

From:

Sent: Iviay 14, 2010 10:43 Aivi To: Trudeau, Justin - Député Cc: Wilson-Raybould, Jody - M.P.

Subject: Bill c-14 Physician Assisted Dying Bill

Dear Prime Minister Justin Trudeau, On a very regular basis since last October's election. I've been receiving donation requests for the Liberal Party. I haven't donated thus far for two reasons:

and secondly, I've been waiting and watching very closely the progress of the issue of Physician Assisted Dying in the House and now the Bill being debated in the House. I cannot in conscience financially support your party right now, even though I voted Liberal in Calgary Confederation because the current Bill falls so short of the Court's request for applying the Carter decision in its judicial outcomes and other things. Surely, you know that the legislation will be challenged immediately after it is passed, if it is passed. It is constitutionally flawed.

I cannot support this short-sighted attempt at legislation on this vital decision especially when given clear directions from the Supreme Court. It was amazing to hear the daughter of Carter appeal to Canadians to further lobby your government party to ensure that persons like her mother would be offered a legal, well-deserved choice for physician assisted death. This current law would not have allowed a favourable decision for Carter and her daughter and family would be back in the courts fighting for choice all over again. There are other issues such as honouring advanced planning directives by those who have a diagnosis of dementia or other disease that causes severe suffering even though death may not be imminent, but the person, while still cognizant, has indicated that they wish to end their life when conditions become unbearable for them. We have to remember that this bill should be about CHOICE. People do amazingly well when they have options and choices in their care particularly as they approach end of life.

Research shows that the majority of

Canadians prefer a wider interpretation of this Bill...even its statement that there must be one last declaration from the patient before a physician will follow through with the assisted death places cruel and likely impossible expectations on someone who is likely palliative and not able to clearly express themselves. There is just so much wrong with this Bill. MP Oliphant, speaking on CBC's Power and Politics late this past week, was very reasoned and clear as to why he can't support this Liberal Party's legislation. He enunciated all the reasons we can't support this choice and death denying impediment of a law. The Liberal Party's platform of governing differently and with consultation has chosen not to listen to its own Parliamentary Committee's reasonable and widely-supported recommendations regarding the Supreme Court's ruling on this issue. What has happened here?

You and your government have done some very good things during this first six months of governing. This Bill C-14 should receive some significant amendments soon so future, very legitimate requests for physician assisted dying by

many people who would not be adequately served by the current form of the proposed law, could receive clear, non-judgmental assistance with their death and end their suffering. Nobody knows better about what is best for them than that person him/herself and that's what offering choice is ultimately all about. In hope for change,

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Ministerial Correspondence Unit - Justice Canada

From:					
Sent: To:	2016-May-16 11:41 AM David Christopherson				•
Cc:	Justin.trudeau@parl.gc.d	ca: Ministerial Corre	espondence Unit -	Justice Canada	y.
Subject:	Bill C-14 please say no a	and the reasons wh	y .		
	•				
Dear David Christophers	son MP.				
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with life altering disease pain? We treat our belobear the road ahead mu	ouch on the most important es have to sit back and watch oved pets more humanely. So ust now be forced to have to means which could be a gut water	their independen hame on Canada f travel away from t	ce slip away all the or not getting it ri their loved ones fo	e while suffering ght. Our citizens	unbearable , unable to
I was hopeful that the Li in line with the Supreme so desperately needs are	iberal government would, at e Court's ruling in Carter v. Ca e not forthcoming.	the very least, ma anada. However, it	ke the necessary of thas become clea	changes to bring transfer that the amend	the legislation ments this bill
degenerative diseases li advance requests for ass disease, which rob victin	assisted dying to all but the t ke ALS and Multiple Sclerosis sisted dying discriminates ag ms of their competency as a to power promising to respec	s to unnecessary a ainst Canadians w matter of course. 1	nd unwanted suffo ith conditions like This is extremely d	ering. In addition dementia and Hu lisappointing fron	, the ban on untington's n a
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	u to vote down C-14 until it r ment starting again, especial			nadians suffering	today. There's
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Yours sincerely,			*		•
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Ministerial Correspondence Unit - Justice Canada

From: Sent: To: Cc: Subject:	ZUTO-IVIAY-TO TT:TZ AM Yasmin Ratansi Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Please say 'No' to Bill C-14	•
Dear Yasmin Ratansi MP,	Please Say No to Bill C-14	
It has become clear that th	he amendments this bill so desperately needs are not forthcoming.	£,
This is extremely disappoir as well as the Supreme Co	nting from a government that came to power promising to respect Canadians' Charter ourt's ruling.	rights
As a result, I regretfully ha	ave to ask you to oppose Bill C-14 when it is voted on in the House.	
effect. Rather, the Carter r	I if new legislation isn't passed by June 6, when the Supreme Court's decision comes int ruling carves into the Criminal Code strict but fair eligibility criteria. In addition, provinc ut the necessary safeguards in place to ensure vulnerable Canadians are shielded from	cial -
Please take the time to cordefies the Supreme Court's	onsider whether you can in good conscience throw your support behind a law that blata 's ruling and violates the Charter.	intly §
Yours sincerely,		· · · · · · · · · · · · · · · · · · ·
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Ministerial Correspondence Unit - Justice Canada

From: Sent: To: Cc: Subject:	2016-May-16 11:43 AM Dianne Watts Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Please vote 'No' to Bill C-14
Dear Dianne Watts MP,	
Hi Dianne , me again ,	
the necessary changes to b	ons about Bill C-14, I was hopeful that the Liberal government would, at the very least, make bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it amendments this bill so desperately needs are not forthcoming.
condemning individuals wi unwanted suffering. In add conditions like dementia a	14 will unfairly deny access to assisted dying to all but the terminally ill, effectively ith chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and dition, the ban on advance requests for assisted dying discriminates against Canadians with and Huntington's disease, which rob victims of their competency as a matter of course. This is rom a government that came to power promising to respect Canadians' Charter rights as well ling.
	ive to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to in good conscience throw your support behind a law that blatantly defies the Supreme
the Supreme Court's deciseligibility criteria for who co	tics have charged, there will be no legal void if new legislation isn't passed by June 6, when sion comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair can access physician-assisted dying. In addition, provincial regulators have already put the ace to ensure vulnerable Canadians are shielded from abuse.
approaching, I am asking y and consultation, including	nent is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly you to reject the bill because Canadians deserve legislation that reflects proper study, debate g with medical and legal regulators. In matters of life and death, Canadians demand laws that ultimately respect their rights. There's no shame in the government starting again, especially
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Yours sincerely,	

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 12:58 PM

To:

David McGuinty

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Oppose Bill C-14 as Inconsistent with Supreme Court's Decision in Carter Case

Dear David McGuinty MP,

Despite my reservations about Bill C-14, I hoped that the Liberal government would at least make the changes needed to bring this legislation into line with the Supreme Court's ruling in Carter v. Canada.

However, it seems that the government will not make the necessary amendments to it.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic degenerative diseases like amyotrophic lateral sclerosis (ALS) and multiple sclerosis (MS) to unnecessary, unwanted suffering.

In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

This is extremely disappointing from a government which came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House of Commons.

Please take the time to consider whether you can in good conscience support a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation is not passed by June 6, when the Supreme Court's decision comes into effect.

Rather, the Carter ruling gives the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying.

Furthermore, provincial regulators have already put the necessary safeguards in place to protect vulnerable Canadians from abuse.

The government is trying to rush Bill C-14 through Parliament before June 6.

With this deadline rapidly approaching, I ask you to reject the bill, because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators.

In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights.

It would be better for the government to start again, especially with so much at stake, than to force this deficient bill through.

Thank you for your attention and consideration.	
Yours sincerely,	s.19(1)
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Ministerial Correspondence Unit - Justice Canada	
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 From:
 2016-May-16 10:25 PM

 To:
 Jody Wilson-Raybould

Cc: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Jody Wilson-Raybould MP,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with, conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

When this bill was initially proposed, I waited for the amendments that would have put a timeframe on the revisiting of the flawed clauses, to allow further adjustments within the first term of this government. That I could have accepted. When no such adjustments appeared, I was forced to reconsider my support. Ignore June 6th. Start again. This time, get it right.

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Ministerial	Corres	nondence	Unit	- Justice	Canada
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From:

Sent:

2016-May-16 11:28 AM

To:

Jenny Kwan

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Jenny Kwan MP,

If part of my medical treatment over my body, and my life, is assistance to die, when I choose, then it is a fundamental right of all of us to have that choice. There are ways to safeguard against those who might abuse the law by offing someone who doesn't want to be offed, but that's not rocket science.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Co	rrespondence l	Jnit - Justice Canada		s.19(1)		
From: Sent: To: Cc: Subject:	Bry Jus	io-iway-16 11:24 AM van May stin.trudeau@parl.gc.ca; y 'Yes' to Carter and 'No'	Ministerial Correspo to Bill C-14	ndence Unit - Justice	Canada	er er en en en en
Dear Bryan Ma	у МР,		•	•		: \$
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Yours sincerely	,	,	*			
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Ministerial Correspondence Unit - Justice Canada

From: Sent: To: Cc: Subject:	2016-May-16 7:34 PM Mel Arnold Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada INFORMATION
Dear Mel Arnold MP,	
My personal SUGGESTION	• · · · · · · · · · · · · · · · · · · ·
I believe a review of Canad	as Living Will also known as. a Personal Directive or a Power of Attorney for Personal care.
Perhaps a similar documen wishes.	at could be the BASIS of the Dying with Dignity. It could PERSONALIZE Canadians individual
It would provide useful info regarding Dying with Digni	ormation that could be helpful as Canadians struggle with the Supreme Court decision ty.
Historical information like	this should not be dscounted, in my opinion.
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Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,	s.19(1)	
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From: Sent: To: Cc: Subject:	2016-May-16 5:21 PM Karen McCrimmon Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Bill C-14			
Dear Karen McCrimmon M	MP,	· .		
	peful that the Liberal government will make the necessary changes to bring the Supreme Court's ruling in Carter v. Canada.	assisted dying		
effectively condemning inc and unwanted suffering. Ir	fted, Bill C-14 would seem to deny access to assisted dying to all but the terminal dividuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to in addition, the ban on advance requests for assisted dying discriminates agains asson's and Huntington's diseases, which rob victims of their competency as a manage physical degeneration.	unnecessary [®] st Canadians		
Carter v. Canada and Section	have been hearing that this bill does not seem to conform to the Supreme Cou ion 7 of the Charter of Rights and Freedoms. Is that the case? If so, I would app ale behind the current approach.	rt's decision in oreciate better		
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Yours sincerely,				
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Ministerial Correspondence Unit - Justice Canada

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From: Sent: To: Cc: Subject:	ZUTO-INIAY-TO 9:UU Matt DeCourcey Justin.trudeau@p 'No' to Bill C-14		rial Correspo	ndence Un	it - Justice Car	nada	and the second second
Dear Matt DeCourcey MP,			•	•			S
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Yours sincerely,			•				S
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Ministerial Correspondence Unit - Justice Canada

	From: Sent: To: Cc: Subject:	2016-May-16 11:16 AM David McGuinty Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Say 'Yes' to Carter and 'No' to Bill C-14	nt)
>	Dear David McGuinty MP,		
>			
		If I ever end up in a situation like that I want to have access to assisted deat	th.
	the necessary changes to b	ons about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, amendments this bill so desperately needs are not forthcoming.	
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Ministerial Corresponde	nce Unit - Justice (Canada	este committee of the state of the			
From: Sent: To: Cc: Subject:	2016-May-16 11: Rob Nicholson Justin.trudeau@p Say 'Yes' to Carte	erl.gc.ca; Ministe	erial Correspo C-14	ondence Uni	For t - Justice Canad	nt content
Dear Rob Nicholson MP,			٠.			. 1
I had hoped that the Liber Supreme Court's ruling in needs are not forthcoming	Carter v. Canada. H	owever, it has b	ast, make cha ecome clear t	anges to brii hat the ame	ng the legislation Endments this bil	in line with the l so desperately
If passed as drafted, Bill Condemning individuals we unwanted suffering. In adconditions like dementia a extremely disappointing for as the Supreme Court's run	ith chronic, degene dition, the ban on a and Huntington's dis rom a government t	rative diseases li dvance requests sease, which rob	ke ALS and M for assisted of victims of the	Iultiple Sclei dying discrin eir compete	osis to unnecess ninates against C ncy as a matter o	ary and anadians with of course. This is
As a result, I must ask you you can in good conscience violates the Charter of Rig	e throw your suppo	when it is voted ort behind a law	on in the Ho that blatantly	use. Please defies the S	take the time to Supreme Court's	consider whethe ruling and
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It is clear that the government approaching, I am asking yand consultation, including are well-crafted and that with so much at stake.	ou to reject the bill gwith medical and	l because Canadi legal regulators.	ans deserve I In matters of	legislation th f life and dea	nat reflects prope ath, Canadians de	er study, debate emand laws that
Yours sincerely,						
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Ministerial Cor	respondence	Unit -	Justice	Canada
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From:		•
Sent:	2016-May-16 11:22 AM	,
To:	David McGuinty	letice Canada Form toonten
Cc:	Justin trudeau@parl.gc.ca: Ministerial Correspondence Unit - Ju	Istice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

> Dear David McGuinty MP,

Subject:

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 11:22 AM

To:

Jim Carr

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject: Say 'Yes' to Carter and 'No' to Bill C-14

\ Dear Jim Carr MP,

(Form+content)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

This may force some desperate victims of these degenerative conditions to ends their lives by their own hand, long before necessary while they still have the ability to undertake such action. (eg. Susan Griffiths of Winnipeg who traveled to Switzerland to end her life while she still had the ability to travel.)

This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Sent: To: Cc:	2016-May-16 11:12 AM Yasmin Ratansi Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice (anada .
Subject:	Please say 'No' to Bill C-14	Janaua
Dear Yasmin Rata	nsi MP,	
It has become cle	ar that the amendments this bill so desperately needs are not forthcoming.	\$
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	disappointing from a government that came to power promising to respect Can	adians' Charter rights
as well as the Sup	reme Court's ruling.	
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As a result I regre	etfully have to ask you to oppose Bill C-14 when it is voted on in the House.	
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There will be no le		ddition, provincial 🚽
There will be no leeffect. Rather, the regulators have a	egal void if new legislation isn't passed by June 6, when the Supreme Court's de e Carter ruling carves into the Criminal Code strict but fair eligibility criteria. In a lready put the necessary safeguards in place to ensure vulnerable Canadians are me to consider whether you can in good conscience throw your support behind	ddition, provincial e shielded from abuse
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Ministerial Correspondence Unit - Justice Canada

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Ministerial	Corres	pondence	Unit -	Justice	Canada

From:

Sent:

2016-May-16 11:21 PM

To:

Catherine McKenna

Cc: Subject:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Say 'No' to Bill C-14 and advocate for what the majority of Canadians want in this legislation

Dear Catherine McKenna Mi

This is the second time that I have written to you with my concerns on this issue.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

I cannot see the value in this legislation as it blatantly defies the Supreme Court's ruling and violates the Charter. There will be a continuing series of charter challenges.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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Ministerial Correspondence Unit - Justice Canada

From:

Sent: 2016-May-16 11.10 AM

To:

Mauril Bélanger

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Mauril Bélanger MP,

(Form+ content)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 11:12 AM

To:

Stephen Harper

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Stephen Harper MP,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

If I develop a condition such as dementia I want to be able to determine my fate and that fate does not include being diapered and drooling! I want my children and grandchildren to remember me as a happy healthy contributing member of society. When someone is totally dependent on others and the decline is slow and painful then family memories are informed by this journey and I do not want to be remembered as a person visited in care out of obligation and love and the idea I might not know them is repungent.

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Ministerial Correspondence Unit - Justice Canada

From:

Sent:

2016-May-16 11:10 AM

To:

Karen Vecchio

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Karen Vecchio MP,

(Formt content)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering.

In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House.

Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying.

In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching,

I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators.

In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Yours sincerely,

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Ministerial Correspondence Unit - Justice Cana	da .
From: Sent: Cc: Subject: Subject: 2010-May-10 11:0/ AN Julie Dabrusin Justin.trudeau@parl.go Say 'Yes' to Carter and	c.ca; Ministerial Correspondence Unit - Justice Canada
Dear Julie Dabrusin MP,	
Canada. However, if passed as drafted, Bill C-14 w	ntroduce legislation in line with the Supreme Court's ruling in Carter will unfairly deny access to assisted dying to all but the terminally ill, egenerative diseases like ALS and Multiple Sclerosis to unnecessary
This is extremely disappointing from a government as well as the Supreme Court's ruling.	t that came to power promising to respect Canadians' Charter rights
As a result, I regretfully have to ask you to oppose consider whether you can in good conscience thro and violates the Charter.	Bill C-14 when it is voted on in the House. Please take the time to w your support behind a law that defies the Supreme Court's ruling
the Supreme Court's decision comes into effect. Ra	will be no legal void if new legislation isn't passed by June 6, when ather, the Carter ruling carves into the Criminal Code strict but fair isted dying. In addition, provincial regulators have already put the canadians are shielded from abuse.
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Yours sincerely,	

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 11:05 AM

To:

Cent Hehr

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada 🦦

Say 'Yes' to Carter and 'No' to Bill C-14

∆ Dear Kent Hehr MP

(Form+content)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Corresponde	nce Unit - Justice Canada	d. Mes war o o sake side s	and the second s	to an analysis of the second
From: Sent:	2016-May-16 11:01 AM			

Cc: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada **Subject:** Say 'Yes' to Carter and 'No' to Bill C-14

Catherine McKenna

> Dear Catherine McKenna MP,

To:

After the Supreme Court ruling in Carter v Canada, I hoped that the Liberal government would respect the ruling and make the necessary changes to bring the legislation in line with at ruling. However, it now clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

All this is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling. It destroys my trust that this new government.

As a result, I ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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Ministerial Correspondence Unit - Justice Canada

From:

2016-May-16 11:02 AM

Sent: To:

Randeep Sarai

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

📐 Dear Randeep Sarai MP,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

I, for one, want legislation for myself that would permit advanced decision making.

With adequate safeguards an individuals should be able to make their choices.

Please vote against C-14 with its present wording.

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Ministerial Correspondence Unit - Justice Canada

From:

2016-May-16 11:05 AM

Sent: To:

Bruce Stanton

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Bruce Stanton MP,

(tountant)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again,

especially with so much at stake.

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FOIM + Content

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

To:

Sent:

2016-May-16 10:57 AM Catherine McKenna

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Catherine McKenna MP,

This para is mine, in addition to the text provided by DwD below. It is disturbing that the current bill is so restrictive that the person who won the recent Supreme Court decision has said that with this law, she would not have been allowed access to physician assisted death. As one recent op-ed stated, as currently written, it would be better to have no law than to have this one.

(following is text from DwD with which I agree fully.)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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Ministerial Correspondence Unit - Justice Canada

From:

Sent: 2016-May-16 10:58 AM

To:

Matt DeCourcey

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Matt DeCourcey MP,

Form+content

First, thank you for responding to the last e-mail I sent you on this topic. I know that I am using someone else's work when I send this e-mail, but only because it is worded so well and I agree fully with the content. I am a senior who believes that we should all have the right to control what happens to our own bodies. I believe firmly that I should have the right to end my life when I judge it to have little or no quality. That may or may not coincide with a terminal illness. I will find a way to do that, but would prefer to have competent assistance when the time comes.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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rours sincerely,	•
•	•

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 11:00 AM

To:

Pam Damoff

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

> Dear Pam Damoff MP,

(Form + content

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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Please

vote against Bill C-14 and permit the Supreme Court, Carter decision be passed into law.

Give us healthy elderly the choice to terminate our lonely and sad lives.

Logically it is our choice and no one else's !!!!!

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Ministerial Correspondence Unit - Justice Canada From: Sent: ∠∪16-May-16 TT:00 AM To: John Oliver Cc: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Subject: Say 'Yes' to Carter and 'No' to Bill C-14 (Form toontent) Dear John Oliver MP, Bill C-14, hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming. If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and ** Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling. As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse. It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake. Yours sincerely,

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s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

2016-May-16 10:55 AM

Sent: To:

Scott Duvall

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Please Read Say 'Yes' to Carter and 'No' to Bill C-14

> Dear Scott Duvall MP,

(Form + content)

Below is the canned version of the email that others are sending you. I am sending to urge you to please stand against this bill.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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Ministerial Correspondence Unit - Justice Canada From: Sent: 2016-May-16 10:56 AM To: Pat Kelly; Michelle Rempel Cc: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Subject: Say 'Yes' to Carter and 'No' to Bill C-14 Dear Members, Form + content) Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming. If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling. As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse. It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake. Yours sincerely,

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Ministerial Corres	Ministerial Correspondence Unit - Justice Canada					
From: Sent: To: Cc: Subject:	Bernadette J Justin.trudea Say 'Yes' to (lordan	Ministerial Corresp to Bill C-14	ondence Unit - Ju	stice Canada	
Dear Bernadette Jo	rdan MP,		•	•	·	g .
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As a result, I regrett consider whether y Court's ruling and v	fully have to ask you to ou can in good consciriolates the Charter.	o oppose Bill C- ience throw you	14 when it is vote ir support behind	d on in the House a law that blatan	e. Please take the tly defies the Sup	time to reme
consultation, includ	reject the bill because ling with medical and at ultimately respect	legal regulators	s. In matters of life	e and death, Cana	dians demand la	ws that are
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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 10:5/ AM

To:

Bruce Stanton

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Bruce Stanton MP,

(EOLW & CONFORM)

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We're going to see a lawyer this month and we were hoping to include an advance request for assisted dying in hopes that this Bill C-14 will be amended to include same for such diseases as dementia.

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Yours sincerely,

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Ministerial Correspondence Unit - Justice Canada

From:
Sent: 2016-May-16 10:48 AM
To: Anthony Rota

Cc: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject: Say 'Yes' to Carter and 'No' to Bill C-14

>Dear Anthony Rota MP,

the street + 107)

I WANT TO DECIDE WHEN AND HOW I DIE. I WANT TO INSTRUCT MY FAMILY TO FOLLOW MY WISHES THAT SHOULD I GET DEMENTIA AND CANNOT EVEN TELL ANYONE I AM IN PAIN, THAT MY WILL BE DONE, NOT ANYONE ELSES.

Despite my early reservati

ons about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 10:53 AM

To:

Jane Philpott

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Jane Philpott MP,

(Form + content)

Please, I beg of you, to consider those who are plagued by ALS, Huntington, MS, and dementia. I have worked with all these folks, and their wish for a peaceful and dignified death must be considered. Advanced planning wishes must be taken into account. It is my wish that my advanced planning directives will be honoured when my time comes.

If you wish to discuss this further with me, I may be reached at the number below.

I thank you for your time and consideration.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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Yours sincerely,	•		
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the REPLY-TO field and you should			

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 10:53 AM

To:

Wavne Stetski

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Wayne Stetski MP,

Form + centeral)

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 1:38 PM

To:

Jenny Kwan

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Jenny Kwan MP,

Amsterdam

where euthanasia is legal, and where elderly

citizens who have various age related afflictions, are able to apply for permission to terminate their lives. When they meet certain criteria, and have permission from at least 2 doctors, euthanasia may be granted. I am very much in favour of the movement towards legalizing and institutionalizing euthanasia in Canada.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 1:41 PM

To:

Bardish Chagger

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Bardish Chagger MP,

(Form + content)

We really believe in a person's 💡

RIGHT to choose to die - if and when they have an incurable or degenerative disease, with no hope of recovery! Why should they suffer needlessly when there is no quality of life?

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

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It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

it that email address.

Yours sincerely,	
	s.19(1)
We count on you, Ms. Chagger, to vote Incidentally, you had 2 votes from our h	'yes' to Carter and 'no' to Bill C-14! DO fulfill the wish of the electorate! household last October!
about. The FROM field of this email is c	ampaign platform that enables people to contact you regarding issues they care ampaigns@good.do however the email was sent by
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Ministerial Correspondence Unit - Justice Canada

From:

Sent: 2016-May-16 1:32 PM To:

Cc:

Sherry Romanado

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject: Say 'Yes' to Carter and 'No' to Bill C-14

> Dear Sherry Romanado MP,

Formtomtent I am signing this collective letter which you will find below. Rest assured that I feel very strongly that this issue is being given short shrift by a government which should be doing much, much better. The Supreme Court's guidelines suggested in the Carter decision were much broader and much better than that which is being proposed in Bill C-14. The government of which you are a part should be proposing legislation more in line with the Supreme Court decision's orientation.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians withsconditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Correspondence Unit - Justice Canada

From:

Sent:

2016-May-16 1:38 PM

To:

Robert Oliphant

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14 .

Dear Robert Oliphant MP,

Form+curtent

i have heard that you will not be voting for Bill C-14 so the following does not apply to you. I wanted to send it in case you need some ideas of where Don Valley West constituents stand. Thank you for all the work you did on the parliamentary committee.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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IMITIOLOGICAL	CULLES	uunuente	UH -	JUSTICE	CANAMA

From: Sent:

2016-May-16 10:59 AM

To:

Dan Vandal

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'No' to Bill C-14

Dear Dan Vandal MP,

Please oppose Bill C-14 when it is voted on in the House. Please vote no in order to allow the Supreme Court ruling for Carter v. Canada to stand as the legislation that will guide end of life decisions for patients, loving family, and caring physicians.

I was hopeful that the Liberal government would make the necessary changes to Bill C-14 to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

I am asking you to reject the bill because Canadians deserve laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Thank you for your time and for voting No to Bill C-14

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Ministerial Correspondence Unit - Justice Canada

From:	
Sent:	

2016-May-16 1:30 PM

To:

Gagan Sikand

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Gagan Sikand MP,

I am completely disheartened at your government's unwillingness to make the necessary changes to bring the assisted dying legislation in line with the Supreme Court's ruling in Carter v. Canada.

As a result, i am asking you to vote against Bill C-14 which unfairly denies access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying continues to discriminate against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

This legislation is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair seligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-17 3:25 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

s.19(1)

From:

Sent: May 17, 2016 2:25 PM
To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

Ms. Wilson-Raybould,

I feel compelled to write you and ask you to vote against Bill C-14. I am sure you have been sent the below letter from Dying with Dignity, and as I agree with all of it, I wanted to take the time to ask you personally instead of just forwarding a letter. I want us all to have the right to choose what is best for us at the end of our lives and what suffering means to each of us. Allowing people to do so will **not** promote death - it bring peace of mind and less suffering. We need a low that allows this choice.

Thank you

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming. If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-17 3:25 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Don't vote on Bill C-14 until you read this email

s.19(1)

From:

Sent: May 1/, 2016 2:28 PM To: Wilson-Raybould, Jody - M.P.

Subject: Don't vote on Bill C-14 until you read this email

Dear Hon. Jody Wilson- Raybould,

With the impending House of Commons vote on Bill C-14, we urge you to review the attached and below for concerns related to the proposed eligibility criteria for medical assistance in dying.

A chorus of legal and medical experts from across Canada have testified to Parliament that Bill C-14 does not meet the requirements of the *Carter* decision, and will be confusing for medical professionals.

Prohibiting patients who are suffering intolerably from grievous and irremediable conditions, but whose deaths are not "reasonably foreseeable," from having the choice of medical assistance in dying violates the *Charter*. If Bill C-14 is not amended to eliminate the requirement that a condition be "incurable" (rather than irremediable), and that "natural death" must be "reasonably foreseeable", the result will be terrible suffering for those Canadians who are barred from right access to MAID.

Below and attached is a selection of key testimony from the House and Senate committees studying Bill C-14.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Legal

Joseph Arvay, Q.C., Lawyer, Farris, Vaughan, Wills & Murphy LLP, Plaintiffs' lawyer arguing the Carter case: "We were the ones who chose the phrase "grievous and irremediable." Those were our words. It wasn't "grievous and incurable" and it certainly wasn't "terminal." We were very deliberate about that."

Joseph Arvay, Q.C., Lawyer, Farris, Vaughan, Wills & Murphy LLP, Plaintiffs' lawyer arguing the Carter case: "As I said in my brief, the *Carter* decision provides the floor of constitutional rights, not the ceiling. Parliament can always add to that floor, as can the courts, and advance directives is an example of that."

Joseph Arvay, Q.C., Lawyer, Farris, Vaughan, Wills & Murphy LLP, Plaintiffs' lawyer arguing the Carter case: "Unlike the Sue Rodriguez case, which was only about one person, we framed the case to make sure that the court heard about the illnesses and disabilities and suffering of people from all across Canada, and elsewhere, because it was our view that the legislation was unconstitutional because of its application not just to one person or two but potentially thousands of Canadians who might face this kind of intolerable suffering."

Joseph Arvay, Q.C., Lawyer, Farris, Vaughan, Wills & Murphy LLP, Plaintiffs' lawyer arguing the Carter case: "There were witnesses who testified with reference to many illnesses and diseases and disabilities that were not terminal or death was not reasonably foreseeable."

Joseph Arvay, Q.C., Lawyer, Farris, Vaughan, Wills & Murphy LLP, Plaintiffs' lawyer arguing the Carter case: "But apparently this bill will tolerate people starving themselves to death. Anybody who knows about starving themselves to death will know that it is a form of torture. Yet, under this bill, someone like Tony Nicklinson can starve himself to death just to the point where his death is reasonably foreseeable. The bill would say: Okay, you're clear now."

Joseph Arvay, Lawyer, Q.C., Farris, Vaughan, Wills & Murphy LLP, Plaintiffs' lawyer arguing the Carter case: "This bill is much worse than nothing. In my view, if no legislation is enacted then the Supreme Court of Canada's decision in *Carter* is all that's needed to protect the vulnerable. They've clearly identified the parameters of the right to physician or medical aid in dying. If there is no legislation, then it will be left to the medical profession as a health issue, just as abortion has been... This bill, in my respectful submission, is really awful. I can't find a better word for it. It's really awful. It guts the *Carter* decision. It deprives a whole segment of the population of rights under the Charter under the *Carter* decision. I would rather see this bill die and there be no legislation. If there is to be legislation, then this bill has to be amended."

Greg DelBigio (Canadian Council of Criminal Defence Lawyers):

"It is our position that the inclusion of the language of "natural death that has become reasonable and foreseeable" was not contemplated by Carter. It is a restriction, and, again, Carter addressed restrictions. The reason which the legislation fell is because the restrictions were inconsistent with the autonomy. I suggest to you that it is not necessary to include that language, that limiting language."

Prof. Jocelyn Downie, Professor, Faculties of Law and Medicine, Dalhousie University:

"There is no indication in the decision that the Supreme Court of Canada thought that Kay Carter's natural death had become reasonably foreseeable in terms of temporal proximity. There was no evidence on the record before the court that Kay Carter's death was reasonably foreseeable in any temporal proximate way. In fact, just the opposite."

Prof. Jocelyn Downie, Professor, Faculties of Law and Medicine, Dalhousie University:

"Contrary to claims made by the government, the meaning proposed for reasonably foreseeable in the government's glossary and public remarks is not consistent with the meaning of reasonably foreseeable in either the Criminal Law or Tort Law where it means predictability rather than temporal proximity. That is, it means you can foresee that rather than foresee when. Turning to my proposed solution then. First, delete Section 241.22. Second, add "including an illness, disease or disability that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition" to Section 241.21(c). Third, add the following definition "irremediable means cannot be alleviated by means acceptable to the person". Fourth, replace references to reasonably foreseeable elsewhere in the act."

Joan Gilmour, (Professor, Osgoode Hall Law School):

"The requirement that natural death be reasonably foreseeable is unworkable and found nowhere in Carter".

Kimberly Jakeman, Chair, CBA End of Life Working Group, Canadian Bar Association:

"The criterion that a person's natural death has become reasonably foreseeable has been the subject of much debate, but the working group believes that the entirety of that section is problematic. It narrows the language that we believe was carefully and intentionally chosen by the Supreme Court, and it introduces restrictive concepts of which the court was aware but chose not to include in the Carter decision. In practice, the definition limits medical assistance in dying to a person in the advanced stages of illness and whose death is clearly on the horizon. It is the CBA's position that subsection 241.2(2) should be deleted from the bill in its entirety."

Josh Paterson, Executive Director, British Columbia Civil Liberties Association:

"In its place, we believe that proposed paragraph 241.2(1)(c) should be amended to state that a person must have a grievous and irremediable medical condition, including an illness, disease, or disability, that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition. This, we believe, will bring the criteria in line with Carter."

Josh Paterson, Executive Director, British Columbia Civil Liberties Association:

"The "reasonably foreseeable" requirement is terribly vague. You've already heard from numerous witnesses who have said so, including The College of Family Physicians of Canada, representing the doctors who are most likely to be dealing with these issues. We believe this requirement, in particular, of reasonably foreseeable natural death, is unconstitutional because it violates the charter right to liberty. It deprives a patient of fundamental choice related to their body. The court concluded that the Criminal Code in its original form, through its blanket prohibition on the right to request a physician's assistance in dying, interfered with liberty by restricting the ability of qualifying patients to make decisions concerning their bodily integrity and their medical care."

Cara Zwibel (Director, Fundamental Freedoms Program, Canadian Civil Liberties Association):

"I think the clear direction from the court in Carter was that this was not about proximity to death, it was about squality of life and to impose that kind of requirement, first of all, it's asking physicians and health care providers to do a very difficult task."

Cara Zwibel (Director, Fundamental Freedoms Program, Canadian Civil Liberties Association):

"In our view, this requirement is not in keeping with the language or spirit of the court's decision in Carter. The focus of the ruling was on suffering and quality of life, not quantity. The "reasonable foreseeability" requirement will cause confusion, is unnecessary, and in our view should be removed. It's a clear departure from the court's decision and one that needs to be acknowledged and addressed by this committee. "

Cara Zwibel (Director, Fundamental Freedoms Program, Canadian Civil Liberties Association):

"The language of "reasonable foreseeability" is vague in the context of life and death. The death of every human being is reasonably foreseeable. Presumably, this requirement connotes some proximity to a natural death, yet it's very unclear how this will be interpreted or assessed."

Cara Zwibel (Director, Fundamental Freedoms Program, Canadian Civil Liberties Association):

"In particular, we propose that proposed section 241.2.(2) of the Criminal Code be amended to delete subsection (d) so that the remaining subsections would form the exclusive criteria for establishing a grievous and irremediable medical condition."

Clinical

Dr. Monica Branigan (Chair, Working Group on Hastened Death, Canadian Society of Palliative Care Physicians):

"I can tell you among my colleagues, not only palliative care colleagues, this "reasonable foreseeable" does not have a medical meaning. Because it is reasonable foreseeable that we all die. It's too vague."

Dr. Rocco Gerace, Registrar, College of Physicians and Surgeons of Ontario:

"We were not consulted."

Dr. Douglas Grant, President, Federation of Medical Regulatory Authorities of Canada:

"The first has to do with clarity. It's self-evident that clarity in this legislation is necessary for there to be a harmonized and effective approach to medical aid in dying, and I'd like to focus the submission on the language."

that natural death has become reasonably foreseeable. This provision that was just addressed with your legal panel appears to address proximity to death as a criterion for eligibility. It's not for the regulators to make submission as to whether eligibility be limited to those near or somewhat near death, but, in the submission of FMRAC, this language, this criterion for eligibility, needs to be made clearer. This is legal, not medical, language, and I think we just heard that the lawyers don't even like it."

Dr. Douglas Grant, President, Federation of Medical Regulatory Authorities of Canada:

"There will not be a vacuum. This won't be the Wild West. There is sufficient guidance in the *Carter* decision and the regulators who are legislated to have the responsibility of regulating the delivery of the practice of medicine will regulate. Nor is this uncharted territory."

Dr. Douglas Grant, President, Federation of Medical Regulatory Authorities of Canada:

"FMRAC was not, to my knowledge, and I can say that the College of Physicians and Surgeons of Nova Scotia was not consulted."

Dr. Joel Kirsh, President, College of Physicians and Surgeons of Ontario:

"The requirement that death be reasonably foreseeable appears to require that patients be close to death before they can request aid in dying. This would exclude a patient who may have nonterminal conditions that are otherwise serious and incurable and cause enduring and intolerable suffering."

Maureen Klenk, Nurse Practitioner, Past President, Canadian Association of Advanced Practice Nurses:

"Thirdly, the terms serious and incurable are not medical terminology and provide the practitioner with no descriptive value. Also, what is a natural death for a 60-year-old who has ALS? He's not going to die from natural causes, his death is going to occur from the horrible complications of ALS and when would a health care profession know that this 60-year old's death was reasonable and foreseeable? We believe this is not a measurable term in any context. CAAPN recommends removal of clauses (a) and (d) from 241.2(2)."

Maureen Klenk, Nurse Practitioner, Past President, Canadian Association of Advanced Practice Nurses:

"If you are diagnosed with a condition such as a brain tumour or ALS or lung cancer or any of these horrible, horrible diseases, your death automatically is no longer natural. In society we refer to a natural death as one where the body is played out, that we're 110 years of age and your kidneys are slowly packing in and not functioning anymore. Those are the kinds of things that are thought of as a natural death. A natural death for somebody with a grievous diagnosis wouldn't happen. I as a practitioner when they died, I would not be able to say on their medical release certificate that this person died of a natural death. I have to say they died of complications of ALS or they died of respiratory or whatever. That's not a diagnosis."

Dr. Arnaud Painvin, Member, Physician Advisory Council, Dying With Dignity Canada:

"The number one point is that Bill C-14 is very restrictive and therefore does not respect the clear directives of the Supreme Court in the *Carter* case, the directives that the Crown should follow."

Dr. Carolyn Pullen, Director, Policy, Advocacy and Strategy, Canadian Nurses Association:

"Our suggested amendments remove the criteria which refer to "incurable and reasonably foreseeable death." We respectfully offer an expanded definition of "grievous and irremediable medical condition," which we believe is in accordance with the Carter decision that focused on intolerable suffering, rather than on timelines for death. By making the amendments we suggest section 241.2(2) could be deleted from the bill."

Dr. Derryck Smith:

"What does it mean that death has become "reasonably foreseeable"? For example, I can guarantee you that I will be dead in 50 years. Does that mean it's "reasonably foreseeable"? I don't think doctors like that ambiguity in the language."

Dr. Derryck Smith:

"Personally, I would rather have no legislation than Bill C-14. That would mean the regulation would have to be done by the medical licensing boards in the provinces. I would much prefer that, using the language of *Carter*, to having a flawed bill which we're going to revisit in five years and study it while Canadians suffer."

Maureen Taylor, Co-Chair, Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying: "While we know from other jurisdictions that the majority of patients who will seek assistance in dying will be in advanced stages of cancer, Bill C 14 would exclude other patients who have a grievous and irremediable condition and who are suffering intolerably but whose death may not be reasonably foreseeable. You have already learned from people far smarter than me that this wording is sure to attract another court challenge and the government will lose. It is clear this bill has been drafted by lawyers and not people with knowledge of medicine."

Maureen Taylor, Co-Chair, Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying: "If you do nothing else, I'm begging you to get rid of the wording "naturally foreseeable death" and the word "incurable." You could just do that and be true to the wording in Carter. "Grievous and irremediable" means "severe" or "very serious" -- the patient has to be suffering intolerably and have no treatments acceptable to the patient. If you can just go back to that language, I'd be very grateful."

Organizations

Shanaaz Gokool, Chief Executive Officer, Dying With Dignity Canada

"The government's legislation redefines "grievous and irremediable" and introduces new terms, such as "incurable", "advanced state of irreversible decline", and "reasonably foreseeable". These new terms will exclude people who have serious chronic medical conditions and it will exclude people who are not imminently dying."

Shanaaz Gokool, Chief Executive Officer, Dying With Dignity Canada

"The people I will mention today are but a snapshot representation of the thousands of Canadians who will not be able to find comfort in Bill C-14 and who may have to go to court to establish their Charter right to die."

Shanaaz Gokool, Chief Executive Officer, Dying With Dignity Canada

"The government needs to ask if these are the only choices available to people like Linda, Ronald, Drew, and Jean: to suffer horribly for years or even decades before dying a protracted, painful death or to starve and dehydrate themselves to death, and now with this narrow and restrictive legislation to show courage in the face of their suffering and to go to court to fight for their right to die. We ask that section 241.2 be amended to use the court's language in Carter and to strike "incurable", "advanced state of irreversible decline", and "natural death has become reasonably foreseeable."

Wanda Morris, VP Advocacy, CARP:

"In our most recent poll, taken this year, 80% approved of the recommendations of the Special Joint Committee, that individuals with a grievous and irremediable illness should be assistance to die. There was no qualification about death being reasonably foreseeable."

Wanda Morris, VP Advocacy, CARP:

"I think of our members, individuals who are dealing with multiple chronic illnesses, often in great pain. To tell them they can have assistance to die only if death is reasonably foreseeable is to leave many of them without the compassionate support they're looking for. When we look at the history of the issue of the right to die in Canada, we see people with ALS, individuals with Parkinson's, MS, Huntington's disease, diseases that can cause great suffering but where death is certainly not imminent and where perhaps a doctor may say not reasonably

foreseeable. I think of individuals with multiple chronic degenerative diseases who are suffering greatly and wanting access to assistance to die. For us to deny them is really to thwart the spirit of the Supreme Court's decision."

Vyda Ng, Executive Director, Canadian Unitarian Council:

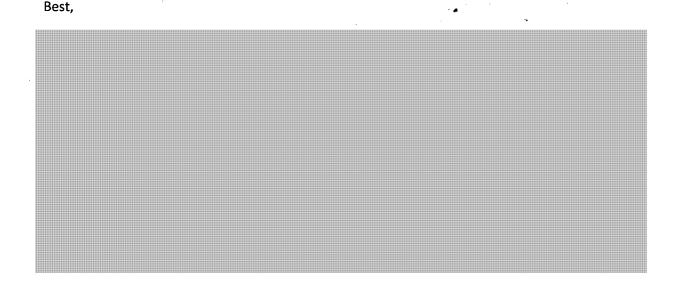
"The proposed definition outlined is problematic and departs from the original definition outlined in the *Carter* decision. The definition of "grievous and irremediable" specifies that a person has to have a serious and incurable illness to be considered for medical assistance in dying. We believe that this definition is narrower and more restrictive than was intended in the *Carter* decision."

Vyda Ng, Executive Director, Canadian Unitarian Council:

"Subsection 2(d) adds that their natural death has become reasonably foreseeable. This was not a provision in Carter and will subject those Canadians who are suffering, but whose conditions do not come with a terminal sentence, to unnecessary and prolonged periods of distress."

Nino Sekopet (Client Services Manager, End of Life Planning Canada):

"In my professional opinion, the reasonably foreseeable natural death criteria proposed in Bill C-14 provides very little security, very little frame. Because of its openness to interpretation it encourages fear and insecurity, rather than creating space for safety."



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s.19(1)

Ministerial Correspo	ondence Unit - Justice Canada	1
From: Sent: To: Cc: Subject:	∠บาง-เพลy-า7 4:บ3 Pเพ Alistair MacGregor Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Bill C-!4	
Dear Alistair MacGre	egor MP,	8.
another case in whic	g information about Bill C-14. It is totally inadequate, in fact cruel and discriminatory. It sees th "Real Change" has been abandoned or perhaps never intended. The Bill as written is legis ernment changed in minor ways. In many of their actions the current government is following to making.	slation
advanced degeneration is far narrower in sco	ss to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with live diseases like ALS who are suffering intolerably but whose deaths aren't necessarily immope than the Supreme Court decision in Carter v Canada and likely violates Section 7 of the Court decision in Carter v Canada and likely violates Section 7 of the Court decision in Carter v Canada and likely violates Section 7 of the Court decision.	inent. It
I am sure you can be constituents are thin	e trusted to vote in a principled way but I think it may be helpful to you to know what your nking.	•
Yours sincerely,		
	via do^gooder, a campaign platform that enables people to contact you regarding issues the eld of this email is campaigns@good.do however the email was sent by whaddress	•

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Ministerial Correspondence Unit - Justice Canada

From:

Sent:

2016-May-17 5:11 PM

Cc:

Bernadette Jordan Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Bernadette Jordan MP,

I wish the Liberal Party would make a real stand on this issue. Assisted dying has existed in other jurisdictions for a long time and I am confused by the timidity of this proposed legislation. You are not even following the recommendations of your own advisory group.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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From:

Sent:

2016-May-17 5:08 PM

To:

Elizabeth May

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

s.19(1)

Dear Elizabeth May MP,

Formtcontent

Below is a form letter, with which I fully agree but this is my own perspective:

Bill C-14 does not address this.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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Yours sincerely,	s.19(1)	•
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are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially

with so much at stake.

From:

Sent:

2016-May-17 6:16 PM

Say 'Yes' to Carter and 'No' to Bill C-14

To:

Tony Clement

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Dear Tony Clement MP,

(Formt centery)

The form letter follows.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair seligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-17 9:41 PM

To:

Mike Bossio

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'No' to Bill C-14 and 'Yes' to Carter v. Canada

> Dear Mike Bossio MP,

I had hoped that the Liberal government would draft excellent legislation to handle Canadians right to die with dignity, a duty imposed upon Canada by the Supreme Court.

Yet if passed as drafted, Bill C-14, which has seen no significant improvements to date, will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering.

In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill, because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators.

In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,	
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From: Sent: To: Cc: Subject:	2016-May-17 8:56 PN Tony Clement Justin.trudeau@parl. Vote 'No' to Bill C-14	ที gc.ca; Ministerial Correspondence เ	Jnit - Justice Canada
Dear Tony Clemen	it MP,		
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		-	
If passed as drafte those with chronic	d, Bill C-14 will unfairly deny ac c, degenerative diseases to unr	ccess to assisted dying to all but the necessary and unwanted suffering.	e terminally ill, thereby condemning
As well, the ban or and Huntington's o	n advance requests for assisted disease, which rob victims of th	I dying discriminates against Canad neir competency.	ians with conditions like dementia
		•	S
Therefore, I urge y	ou to oppose Bill C-14 that clea	arly defies the Supreme Court's ruli	ng and violates the Charter.
Yours sincerely,			
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From:

Sent:

2016-May-17 7:59 PM

To:

Jamie Schmale

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Jamie Schmale MP,

Form + content

I am saying yes and our family is putting our support behind the avocation of Dying with Dignity. After seeing young children suffer through incurable and dibilotating conditions and mothers and fathers that have to watch their child suffer through to the end; how could our family vote any other way.

We received your letter by mail and will be sending it through with our vote of YES

And so we support the following:

I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-17 11:31 PM

To:

Stephen Fuhr

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

) Dear Stephen Fuhr MP,

(Form+content)

I know there are people for whom assisted dying is totally unacceptable, but there are others like me who wish to see a fair and complete application of the recommendations of the Supreme Court. At present, the Liberal government cannot hope to please the first group, but by CHOOSING A LIMITED MIDDLE GROUND in Bill C-14, it cannot please those who wish to see the recommendations of the Supreme Court honoured either. It's a LOSE-LOSE situation.

I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the Bill C-14 legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-17 4:34 PM

To:

Rachel Blaney; Pam Goldsmith-Jones

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Death with dignity

Dear Members,

The present bill ensures further indignities.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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Yours sincerely,

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8

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-17 6:52 PM

To:

Murray Rankin

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

ightharpoonupDear Murray Rankin MP,

s.19(1)

I have always supported the right to choose assisted dving under the right circumstances.

While Bill C-14 may have helped my uncle back then, it fails to acknowledge numerous others that live in pain and struggle, wishing that some one could help put it to an end. Some of these different different cases that I am referring to, which Bill C-14 does not cover at this time, are covered in the cintent below.

I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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As you consider your decision on Bill C-14, I ask you to please consider all of those who are spending their day	s in
physical pain and in misery, wishing for the right to die on their own terms.	

s.19(1)

Thank you for your time.

Sincerely,

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Ministerial	Corresi	pondence	Unit -	Justice	Canada

s:19(1)

From:

Sent:

2016-May-17 6:19 PM

To:

Bill Blair

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Bill Blair MP.

Below is a pre-written email but I fully agree with it.

Thank you.

FORM+CONTRY

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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Yours sincerely,

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s.19(1)

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-17 12:40 PM

To: Cc:

Ministerial Correspondence Unit - Justice Canada

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From :

Received: 15 May 2016

04:41:47 PM >>>

>>> Subject: Protection to uphold the sanctity of life >>>>

Dear John Aldag and Justin Trudeau, and members of the Justice Committee and Legal and Constitutional Affairs Committee,

Thank you for attending to this very important issue now and for generations to come.

As you are aware, there is incredible pressure right now to legalize euthanasia and assisted suicide. Quebec pushed through its own legislation that would allow for euthanasia even though it is a criminal matter and the responsibility of the federal government. Add to this the recent Carter decision from the Supreme Court of Canada and it is clear that Canada is rushing down a dangerous road without taking the time to properly examine the issues.

Your Ottawa office should have received a package from ARPA Canada regarding a legal analysis of this issue. You can also find it here:

https://arpacanada.ca/assisted-suicide-total-ban.pdf if Parliament uses this option it has the means to continue to protect human life and prohibit assisted suicide without invoking section 33 of the Charter.

Once the right to life becomes subjective, it becomes logically and practically impossible to enact safe-guards. If one person has a 'right'

to die because of how they feel about their condition, why can't someone else? Suddenly it becomes the government's duty to kill all those who want it. At the same time, everyone else who qualifies (because of a disability, etc.) suddenly has to justify their existence in the face of a law that would allow them to be killed for no other reason than their disability.

Can you please share with me what you plan to do to protect human life and prohibit any measures that would challenge this?

Sincerely,

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

May 17, 2016 7:36 AM

To: Cc:

iviinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Deal

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:

2016 12:13:49 PM >>>

Received: 16 May

>>> Subject : Bill C-14 >>>>

May 16, 2016

Prime Minister The Right Honourable Justin Trudeau **House of Commons** Ottawa, Ontario Canada K1A 0A6

To The Right Honourable Justin Trudeau,

I am writing to you concerning Bill C-14 - Medical Assistance in Dying. Although I disagree with the principle of medical assistance in dying, I acknowledge that the government must produce a Bill as a result of the

2015 Supreme Court of Canada decision in order to fill a potential legal vacuum with unknown and potentially dangerous consequences for vulnerable people and medical practitioners.

I would first like to express my concerns with the principle of medical assistance in dying. As you know, the Government of Canada has introduced Bill C-14, an Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). This proposed legislation, which responds to the decision of the Supreme Court of Canada, will make euthanasia and assisted suicide legal and more accessible in our entire country. As I have stated, this concerns me. The Supreme Court decision and current legislative efforts are in stark contradiction to the endeavours of individuals, families and communities to counteract the dangers and sufferings of suicide. The sanctity of human life is a foundational principle of Canadian society.

It has both individual and communal import: it undergirds the recognition of the equal dignity of each individual regardless of their abilities or disabilities and shapes and guides our common life together, including our legal, health care and social welfare systems.

It engenders the collective promotion of life and the protection of the vulnerable.

Suicide and euthanasia are contrary to the most profound natural inclination of each human being to live and preserve life. Furthermore, they contradict the fundamental responsibility that human beings have to protect one another and to enhance the quality of health and social care which every human life deserves, from birth to natural death. At a time when our priority should be fostering a culture of love, and enhancing resources for those suffering and facing death, assisted suicide leads us down a dark path. At first sight it may seem an attractive option, a quick and merciful escape from the suffering that can be experienced in life, but fuller reflection reveals its grim implications, not only for the individual but for our society, and especially for those who are most vulnerable. Such fuller reflection is sorely needed now. The withholding or withdrawal of burdensome treatment must be distinguished from euthanasia and assisted suicide. The intention in such cases is not to cause death but to let it occur naturally. There is a fundamental difference between killing a person and letting her or him die of natural causes.

Bill C-14, no matter how it may be amended, is an erosion of human solidarity and a threat to human dignity, particularly the aged, disabled, infirm and sick who so often find themselves isolated and marginalized. Moreover, it is a violation of the sacrosanct duty of healthcare providers to heal, and the responsibility of legislators and citizens to assure and provide protection for all, especially those persons most at risk. As our country faces this new moral and social threat, I call on all legislators to consistently defend and protect the lives of all, to renew efforts to guarantee accessible home care and palliative care, and to protect the conscience rights of healthcare providers and agencies refusing to be part of euthanasia and assisted suicide. I also respectfully express my concerns regarding the unsettling recommendations included in the parliamentary joint committee report, in particular recommendations 10 (objecting practitioner must provide an effective referral for the patient) and 11 (all publicly funded health care institutions, including Christian ones, provide medical assistance in dying).

Recognizing that the Supreme Court decision and deadline essentially make medically assisted death a reality in Canada, and that a Bill is necessary to develop and pass to make it happen, I ask that the government to:

- * Prioritize effective palliative care for all, and support for those experiencing chronic suffering of any kind. We must especially offer love and compassionate assistance to those who are tempted to suicide, with or without assistance.
- * Protect health care workers across Canada who oppose participating in euthanasia/assisted suicide, either by doing it personally or by arranging for it to be done (that is, referring for these procedures.) Their conscience rights are protected under the Canadian Charter of Rights and Freedoms, and those rights must be respected in practice. In protecting them, we protect those they serve.
- * Protect health care institutions, hospices and long-term care facilities whose mission, vision, and values commit them each day to heal, not to hasten death. In a cold world of euthanasia, havens of hope are all the more needed.

* Ensure careful and stringent tracking and legislative review is put in place so that the bill can effectively be assessed and challenges addressed in public dialog during the review.

Thank you for your attention to these actions.

Sincerely,

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca> Sent: 2016-May-17 10:54 AM

To:

Cc: Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From: Received: 16 May 2016 02:35:49 PM >>>

>>> Subject : Bill C-14 must be defeated! >>>>

My husband and I are extremely upset that Bill C-14 has been reduced to nothingness and must be defeated in the House of Commons this week. We cannot in good conscience throw our support behind a law that defies the Supreme Court's fair and just ruling, and which clearly violates the Charter.

I have never been so disappointed in a government that we thought would do the right and just thing for people deserving of physician assisted death. You have gone against the dictates of the Supreme Court in the interests of a few powerful lobby groups like the Catholic Church.

If this bill does not get amended to meet the intent of the Supreme Court's decision, we will NOT vote Liberal in the next election.

We have already contacted the senate members to urge them to amend your faulty legislation to what it was intended to be.

s.19(1)

Sent from Mail for Windows 10

Ministerial Corresponde	nce Unit - Justice Canada	- Marie Lawre Commission (1994) (Secure 1994) (Secure 1994)		And the second of the second
From: Sent: To: Cc: Subject:	2016-May-17 11:30 AM David Christopherson Justin.trudeau@parl.gc.ca; Ministe Assisted dying bill: Say 'Yes' to the	rial Correspondence Carter decision and	Unit - Justice Canada No' to Bill C-14	
Dear David Christopherso	n MP,			
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effectively condemning in and unwanted suffering. I	C-14 passes as drafted, it will unfairl dividuals with chronic, degenerative n addition, the ban on advance requ ntia and Huntington's disease, disea	diseases like ALS and ests for assisted dyin	l Multiple Sclerosis to unr g discriminates against Ca	necessary anadians
As a result, I regretfully had defy the Supreme Court's	ave to ask you to oppose Bill C-14 wh ruling and violates the Charter.	nen it is voted on in th	ne House. I think that this	law will
carves into the Criminal Co	sed by June 6, the Supreme Court's ode strict and fair eligibility criteria for already put the necessary safeguard	or who can access ph	ysician-assisted dying. In	addition,
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that reflects proper study,	rapidly approaching, I am asking you, debate and consultation, including e well-crafted and that ultimately re	with medical and leg	al regulators. In matters o	of life and
Regards,				, · · · · · · · · · · · · · · · · · · ·
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Ministerial Correspondence Unit - Justice Canada						
From: Sent: To: Cc: Subject:	2016-May-17 11:47 AM Catherine McKenna Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada missed amendments to Bill C-14					
△ Dear Catherine McKenna I	MP,					
You're our family's MP (Ot	tawa Centre).					
C-14, as written, appears t not a lawyer.	o ignore the Carter Supreme Court decision. Some say it even violates the Charter, but I'm					
The bill should have been campaign; I won't repeat t	amended to match the Court ruling. You've heard all the arguments in the Dying With Dignit hem here.					
Tell your government to de	o the right thing. Reject this bill and fix it.					
Yours sincerely,						
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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-1/ 11:32 AM

To:

Harjit Sajjan; Jody Wilson-Raybould

Cc:

Justin trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Voting on Bill C-14

Dear Members,

I am hopeful that you consider the excellent thinking on the matter of Bill C-14 by the experts at Dying With Dignity. Please for now vote against the bill so that it can come back properly amended to include all suffering people. I have included their email below.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-17 12:02 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Voting on Bill C-14

s.19(1) ·

----Original Message----

From:

Sent: May 17, 2016 11:32 AM

To: Sajjan, Harjit S. - M.P.; Wilson-Raybould, Jody - M.P.

Cc: Trudeau, Justin - Député; mcu@justice.gc.ca

Subject: Voting on Bill C-14

Dear Members.

I am hopeful that you consider the excellent thinking on the matter of Bill C-14 by the experts at Dying With Dignity. Please for now vote against the bill so that it can come back properly amended to include all suffering people. I have included their email below.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

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It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate

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From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-17 8:52 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

From:

Sent: May 1/, 2016 5:50 AM To: Wilson-Raybould, Jody - M.P.

Subject: Fw: Bill C-14

Dear Ms Wilson-Raybould:

As my message of May 7 (forewarded below) remains acknowledged but not yet answered, I would like to expand on the topic by adding more thoughts.

In a twisted sense of irony, I find that Bill C-14 would take away the right to assisted dying from Kaye Carter; the same right that she obtained for all Canadians in a hard-fought case from the Supreme Court of Canada.

To regain that right, she would have to fight it all over again at the Supreme Court level. Except that this time she would have to fight Bill C-14: the same law that in the first place was supposed to enshrine her newly acquired right. The thought is totally unsettling and dismaying.

I urge you to reconsider this flawed bill and to abandon this middle-of-the road path that pleases no one.

Thank you

Forwarded Message -----

From

To: "Jody.vviison-Raybould@parl.gc.ca" < Jody.Vviison-Raybould@parl.gc.ca>

Sent: Saturday, May 7, 2016 10:21 PM

Subject: Bill C-14

Dear Ms Wilson-Raybould:

As a LIBERAL, I would like to express my concerns and disappointment with the proposed bill C-14 as it presently stands.

It is too restrictive inasmuch as it imposes certain conditions that not only in themselves are too harsh and exclusionary, but also, according to experts, they may even be unconstitutional and open to constitutional challenges down the road.

Namely, I find the following stipulations questionable and objectionable.

- 1) -- The "death foreseeable in the near future" clause (Not only is this clause restrictive, but it is also vague and non-specific. How does one quantify the foreseeable future? One week? One month? Six months? One year? Two years?)
- 2) --Not allowing those patients facing cognitive diseases (Alzheimer's, dementia, etc) to preauthorize a request for assisted death while they are still mentally capable of making that decision. This exclusion is simply **inhumane**.
- 3) The exclusion of mature minors and people with mental health issue. This practice would simply create different classes of patients and is totally **discriminatory**.

There is no need to remind you that none of these conditions were recommended, or even suggested, by the Supreme Court; nor are they supported by the Committee working on recommendations for the drafting of the bill.

As someone who voted Liberal and wanted to look forward to a progressive way of governing, I find this bill rather conservative, regressive, and totally inconsistent with the "sunny ways" that Canadians were promised.

I urge you to have the bill amended.

Thank you

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Respect the Carter decision and 'Vote No' to Bill C-14

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it

Ministerial Correspondence Unit - Justice Canada

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has become clear that the amendments this bill so desperately needs are not forthcoming.

Richard Cannings

From: Sent:

To:

Cc:

Subject:

Yours sincerely,

Dear Richard Cannings MP,

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.
As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.
Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.
It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.
Suicide is legal in Canada. How can we deny assisting someone with their wish when they cannot act by themselves. Permission should only be granted by the individual who has asked to determine their own destiny and to be able to escape horrible physical, totally debilitating circumstances. A physicians nod must not be required.

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From: Sent: To: Cc: Subject:	2016-May-17 9:03 AM Kent Hehr Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada 'Yes' to Carter & 'No' to Bill C-14
Dear Kent Hehr MP,	
assisted dying. Without th access to a dignified death	d to allow individuals diagnosed with a severe chronic illness to make advance requests for his option, Canadians with dementia, once robbed of their competence, will be excluded from a. Imagine yourself or a loved one so incompetent that they don't even know to ask to have the make plans for my estate. Why shouldn't I be able to make plans for my exit?
Can one in good conscien	ce support a law that defies the Supreme Court's ruling and violates the Charter?
I have to ask you to oppos	e Bill C-14 when it is voted on in the House unless it is amended.
Yours sincerely,	
	^gooder, a campaign platform that enables people to contact you regarding issues they care this email is campaigns@good.do however the email was sent by who ss:
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Ministerial Correspondence Unit - Justice Canada

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

May-17-16 8:26 AM

To:

Peter Fragiskatos

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Peter Fragiskatos MP,

Many thanks for your response to my e-mail to you; I do appreciate the time that you had your staff give to my concerns. However, your letter was basically just a statement in support of the current bill before parliament, a bill which you know does not truly address my concerns and which does not appear to be in line with the statements coming from the Supreme Court on this matter. Please review the video of Dr. Lowe's plea for the dying, before you decide how to vote.

I include below the form letter from Dying with Dignity which, while being a form letter, clearly sets forth my ideas on this matter.

I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you again to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

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Yours sincerely,			s	.19(1)		
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Ministerial Correspondence Unit - Justice Canada

From:

Sent:

2016-May-18 4:32 PM

To:

Carolyn Bennett

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

No medical doctor with a sense of ethics can support C-14

Dear Carolyn Bennett MP,

As a medical doctor, you are bound to act ethically in regard to your patients. As an MP and minister in the Canadian government, you are no less bound to act ethically in regard to your constituents and the rest of the citizens of Canada.

A vote in favour of an overly restrictive and unconstitutional bill on assisted dying, ignoring the judgment of the Supreme Court of Canada, is not ethical.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,	s.19(1)	
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Ministerial Correspondence Unit - Justice Canada

From:

Sent: 2016-May-18 5:00 PM Jonathan Wilkinson

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Carter and Bill C-14

Dear Jonathan Wilkinson MP,

I am personalizing this email from the BC Civil Liberties Associatoon because unfortunately I indetstand this issue better than most.

Why does my government care so little and have so little faith in my ability to make the decision that is right for me?

I don't know when I will die but I do know that i want the choice to decide the quality on my life and the quality of my life at my death.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

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Yours sincerely,		
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To learn more about do^gooder visit www.good.do		

Ministerial Correspondence Unit - Justice Canada

From: / Sent:

2016-May-18 4:27 PM

To:

Andy Fillmore

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Vote 'No' on Bill C-14

Dear Andy Fillmore MP,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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As a result, I ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

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Ministerial Correspondence Unit - Justice Canada

From: Sent:	2016-May-18 5:05 PM			
To: Cc: Subject:	Joyce Murray Justin.trudeau@parl.gc.ca; Enough is enough! C-14 is	Ministerial Correspondence unconstitutional, inadequate,	Jnit - Justice Canada and must not be passed	1 .
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Dear Joyce Murray MP,				
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Many experts and legal admonished the govern	authorities have warned that B ment and in very specific ways	ill C-14 is inadequate. Now to pointed out how it fails the t	ne Alberta Court of Appears.	eal has
terminally ill, effectively suffering. In addition, the like dementia and Hunti disappointing from a go Supreme Court's ruling. As one of your constitute.	t be that Bill C-14 is not in compose to the that Bill C-14 is not in compose to Canada? If passed as drafted, a condemning individuals with condemning individuals with condemning individuals with condemning to Canada and the condemning to Canada and the condemning individuals are to power processed in the condemning individuals are to condemning individuals and condemning individuals are to condemning individuals with condemning in	Bill C-14 will unfairly deny and hronic, degenerative disease assisted dying discriminates ims of their competency as a promising to respect Canadialians who trusted the Liberal C-14 when it is voted on in the competency as a competency as a promising to respect Canadialians.	ccess to assisted dying to to unnecessary and un against Canadians with matter of course. This ins' Charter rights as we to keep their promises the House. Please take to	o all but the nwanted conditions s extremely ll as the ine to
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the Supreme Court's de- eligibility criteria for wh	critics have charged, there will le cision comes into effect. Rather o can access physician-assisted place to ensure vulnerable Can	, the Carter ruling carves int dying. In addition, provincia	o the Criminal Code stri regulators have alread	ct but fair
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Ministerial Correspondence Unit - Justice Canada From: Sent: 2016-May-18 9:14 PM To: Joyce Murray Cc: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Subject: Say 'No' to Bill C-14 Dear Joyce Murray MP. I was initially hopeful that the Liberal government would make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming. If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling. As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse. It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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Ministerial Correspondence Unit - Justice Canada

From:

Sent:

2016-May-18 9:27 AM

To:

Maryam Monsef

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Maryam Monsef MP,

I am sending this email because I feel strongly about getting this legislation right. I am using the text prepared by Dying With Dignity Canada because they have represented my feeling well, and I cannot think of a better way to express them. This is so important. We must ensure that we do not limit the legislation in ways that condemn people to unnecessary suffering. Please reject the current bill and give the issue more time for deep consideration to make sure we all receive the right to make our own decisions and be treated compassionately.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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Yours sincerely,

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From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-18 6:54 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

From:

Sent: May 18, 2016 6:09 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

Dear Minister Wilson-Raybould – since introducing Bill C-14 your government has been claiming that the bill is constitutional and upholds the Charter rights established by the Supreme Court in the Carter decision. Obviously the ruling of the Alberta Court of Appeal has now shown that that opinion is incorrect. If your government continues to try and pass Bill C-14 in the face of this overwhelming evidence of its violation of the Charter you will be abdicating your moral responsibility to protect the Charter rights of Canadians. Passing this legislation will result in another round of court cases that yesterday's decision clearly demonstrates you will lose. How many Canadians will continue to suffer while you waste time and taxpayer money fighting a losing court battle. It is time for your government to save face and admit that your legislation is deeply flawed. This legislation is so important to so many suffering Canadians that rushing through unconstitutional legislation just to reach the June 6th deadline is unacceptable. I implore you to withdraw this bill until it can be amended to meet the criteria established in the Carter decision.

This message and any attachments are confidential. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately by return e-mail. Internet communications cannot be guaranteed to be secure or error free as information could be intercepted, corrupted, lost, arrive late or contain viruses. The sender does not accept liability for any errors or omissions in the context of this message which arise as a result of Internet transmission. Thank you.

From:

Sent:

2016-May-18 /:45 PM

To:

Ministerial Correspondence Unit - Justice Canada

Cc:

Elizabeth.May@parl.gc.ca

Subject:

Assisted dying

Dear Hon. Ms. Wilson-Raybould,

I was disheartened when I learned that your government had crafted a law that was more restrictive on people in pain than the Supreme Court ruling on assisted dying had been. But I am astonished at the lack of acquiescence to the Alberta Court of Appeal's recent ruling.

I have been very excited about the recent Liberal win in the election, despite not being Liberal myself, but partisan politics aside, Canada is first and foremost a *constitutional* democracy.

It is impossible for you to justify flouting a ruling of unconstitutionality of a law. It is not okay. Period. End of story. The conundrum the government finds itself in has not been made by the courts, but by the law this government crafted. Now it's time to take lumps and back off. I am not saying please. There is no justifiable "well-meant" violation of the Charter.

According to the BCCLA, there IS no conundrum. Provincial health laws will pick up where you left off, and all the guidelines we need have already been provided in abundance in the Supreme Court's decision itself.

Having said all that, I thank you from the bottom of my heart for all the good work you ARE doing. Please adhere to the message of hope and freedom your party dangled as a carrot before all Canadians during the election. And thank you! :)

Peace,

From:

Sent:

2016-May-19 12:45 AM

To:

Dan.Albas@parl.gc.ca; Justin.Trudeau@parl.gc.ca; Stephen.Fuhr@parl.gc.ca;

JUST@parl.gc.ca; Chrystia.Freeland@parl.gc.ca; Ministerial Correspondence Unit - Justice

Canada

Subject:

Re: Ratification of Trans-Pacific Partnerhip and Assisted Dying Bill C-14

To: The Standing Committee on Justice and Human Rights

Dan Albas (MP) Stephen Fuhr (MP)

Right Honourable Justin P.J. Trudeau

International Trade Minister Chrystia Freeland

Health Minister Jane Philpott

Justice Minister Jody Wilson-Raybould

Re: Trans-Pacific Partnership (TPP) Agreement

and

Assisted Dying Bill C-14

1) Trans-Pacific Partnership (TPP) Agreement

I am against passing this agreement as it stands. - For the sake of our and future generations, I implore you to consider including environmental protection as part of the negotiations of this agreement. I feel this agreement, if ratified, will infringe on the rights of each nation's laws, particularly in relation to the environment. As I understand it, if a government passes a law and it affects a company's profits, then this law can be considered contrary to this agreement and it will prevail over an individual country's jurisdiction. This is contrary to the recommendations made at the Paris summit on climate change. The consequences of creating a global economically based court that could disregard each country democratic right to pass laws protecting it's citizens, is untenable.

2) Assisted Dving Bill C-14

I am against passage of this bill as it stands, because it is contrary to the Supreme Court's recommendation that addresses advance directives as a right. Advance directives are the most humane and fair way to deal with end of life decisions. It should be a right of every competent individual who suffers from an illness that causes severe bodily and psychological pain. I also believe palliative care should be available in nursing homes, but this has to be addressed as a separate issue.

I believe there should be an amendment to this bill allowing advance directives, or failing that, the bill should not be passed as is. Or it will be challenged in the courts as a violation of charter rights.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-19 9:51 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada

FW: Please stop Bill C-14

s.19(1)

From

Sent: May 18, 2016 8:52 PM

To: Aldag, John - M.P.; Beech, Terry - M.P.; Dhaliwal, Sukh - M.P.; Fry, Hedy - M.P.; Fuhr, Stephen - M.P.; Goldsmith-Jones, Pam - M.P.; Hardie, Ken - M.P.; McKinnon, Ron - M.P.; Murray, Joyce - M.P.; Peschisolido, Joe - M.P.; Qualtrough, Carla - M.P.; Ruimy, Dan - M.P.; Sajjan, Harjit S. - M.P.; Sarai, Randeep - M.P.; Sidhu, Jati - M.P.; Wilkinson, Jonathan - M.P.; Wilson-Raybould, Jody - M.P.

Subject: Please stop Bill C-14

Dear Members of Parliament,

Well I can say that my "quality of life" for lack of better expression – sucks! I also have other medical conditions that impede my physical and emotional well-being. When the time comes I want to be able to decide how to end my "life." My life is not anyone else's but mine and I should be able to have control over my death if and, when I choose to do so. I should have the opportunity to die with dignity." I do not want to be in a hospital with people tube-feeding me, putting me in a patient lift so I can hover over a commode, stuff me with drugs etc. I do not want to be confined to bed. I do not want someone to have to wash me etc. I understand that many people end up dying by not eating/drinking and it is a very sad and painful way to go. I have decided to "embrace" death because it is going to happen – I won't be able to stop it – so I choose to think of death as a "new" journey.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

Ministerial Correspondence Unit - Justice Canada

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From: Sent: To: Cc: Subject:	2016-May-19 8:53 Kent Hehr Justin.trudeau@pa Say 'Yes' to Charte	ırl.gc.ca; Ministeria		nce Unit - Justice (Canada °s
Dear Kent Hehr MP,	:			. •	
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Ministerial Correspondence Unit - Justice Canada

Sent: To: Cc: Subject:	2016-May-19 1:55 PM Elizabeth May Justin.trudeau@parl.gc.ca Say 'Yes' to Carter and 'No	; Ministerial C o' to Bill C-14	Correspondenc	e Unit - Justice	Canada	
Dear Elizabeth May MP,						
I was hopeful that the Liber in line with the Supreme Co so desperately needs are no	urt's ruling in Carter v. Car	he very least, nada. Howeve	make the necer, it has becor	essary changes ne clear that th	to bring the le	egislation ts this bill
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Ministerial Correspondence Unit - Justice Canada

From:

Sent: 2016-May-19 2:05 PM

To:

Murray Rankin

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Murray Rankin MP,

I am writing to you to register my disappointment in Bill C14. Although my father was terminally ill, I had the misfortune of watching my father refuse medical treatment and any other life support to end his torture. I was hoping that by the time it would come to my documented request for end of life services, we would have come to the conclusion that predefined and legally documented requests are respected. It is for that reason that I ask you to vote against Bill C14 unless you manage to include the necessary modifications in the proposed legislation.

I have prepared and legally documented my end of life instructions. However, I believe I am only contributing to a growth industry for the legal profession at this point without any benefit to myself, my executors or the medical profession.

I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming. The ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Correspondence Unit - Justice Canada

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From: Sent:

2016-May-19 1:21 PM

To:

Mark Strahl

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Mark Strahl MP,

I want to express my views to you. I seldom do this on issues of importance to me as I have no expectation that it will be heard or make a difference, but as they say bad things happen when good people stay quiet. On this issue I cannot understand the lack of compassion for people who are suffering so dreadfully, You personally may not support assisted dying with dignity in any form, but you are there to represent what the people want. The majority of people and the Supreme Court are very clear and this bill doesn't adequate reflect this.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with 'conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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To learn more about do^gooder visit www.good.do

the REPLY-TO field and you should respond to at that email address.

Ministerial Corresponden	ce Unit - Justice Canada
From: Sent: To: Cc: Subject:	2016-May-19 1:57 PM Don Davies Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada SAY 'No' to Bill C-14
Dear Don Davies MP,	
condemning individuals wir unwanted suffering. In add	14 will unfairly deny access to assisted dying to all but the terminally ill, effectively th chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and lition, the ban on advance requests for assisted dying discriminates against Canadians with and Huntington's disease, which rob victims of their competency as a matter of course.
I have to ask you to oppose in good conscience throw y Charter.	e Bill C-14 when it is voted on in the House. Please take the time to consider whether you can your support behind a law that blatantly defies the Supreme Court's ruling and violates the
Yours sincerely,	
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To learn more about do^go	oder visit www.good.do

From:

2016-May-19 11:13 AM

Sent: To:

Julie Dzerowicz

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Julie Dzerowicz MP,

I was so hopeful that Bill C-14 would prevent any other family in Canada from suffering as mine has. Suffice to say, I am disappointed and disgusted by your government's unwillingness to provide meaningful leadership on this issue.

I will say, too, that both of my parents were staunch pro-lifers until my mom got sick. Facing a degenerative disease really changes one's perspective on what is compassionate, and what is right. We need to have a law that defends what is compassionate and right and not bend to those who would deny us our humanity.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially

with so much at stake.	s.19(1)		
Yours sincerely,			
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Ministerial Correspondence Unit - Justice Canada

2016-May-19 10:57 AM Rona Ambrose

From: Sent:

To:

Cc: Subject:	Justin trudeau@pa Say 'Yes' to Carter			e Unit - Justice Cana	ada
Dear Rona Ambrose MP,		:			•
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l was early reservations about Bi necessary changes to bring become clear that the ame	ill C-14, I was hopefug the legislation in li	ul that the Libera ne with the Supr	il government wou eme Court's ruling	in Carter v. Canada.	make the
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As a result, I have to ask you whether you can in good or and violates the Charter.	ou to oppose Bill C-1 onscience throw yo	.4 when it is vote ur support behin	d on in the House d a law that blatar	. Please take the tim ntly defies the Supre	e to consider me Court's ruling
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s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Sent:	2016-May-19 10:16 AM			·
To: Cc:	Arif Virani Justin.trudeau@parl.gc.ca; Ministeria	Correspondence Unit -	lustice Canada	s
Subject:	Say 'Yes' to Carter and 'No' to Bill C-1	14	Justice Carlada	
Dear Arif Virani MP,				
			•	S
some not very distant poing government would, at the	ly elevated risk of stroke. The issue of point in my life. Despite my early reservate very least, make the necessary change Canada. However, it has become clear to	ions about Bill C-14, I wa es to bring the legislation	is hopeful that the Li in line with the Supr	beral reme
condemning individuals w unwanted suffering. In ad conditions like dementia a	-14 will unfairly deny access to assisted with chronic, degenerative diseases like dition, the ban on advance requests for and Huntington's disease, which rob viction a government that came to power aling.	ALS and Multiple Scleros r assisted dying discrimir tims of their competenc	is to unnecessary an nates against Canadia y as a matter of cour	d ans with rse. This is
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the Supreme Court's decise eligibility criteria for who	itics have charged, there will be no lega sion comes into effect. Rather, the Cart can access physician-assisted dying. In a lace to ensure vulnerable Canadians are	er ruling carves into the addition, provincial regu	Criminal Code strict	but fair
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Ministerial Correspondence Unit - Justice Canada

2016-May-19 10:50 AM

From:

Sent:

To: Cc: Subject:	Harjit Sajjan Justin.trudeau@parl.gc.ca; Say 'Yes' to Carter and 'No'	Ministerial Corresponde to Bill C-14	ence Unit - Justice C	anada
Dear Harjit Sajjan MP,				
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the necessary changes to drafted, Bill C-14 will unfa- individuals with chronic, of In addition, the ban on ac- dementia and Huntington	er voting against the proposed bring the legislation in line with airly deny access to assisted dy degenerative diseases like ALS divance requests for assisted dy an's disease, which rob victims of the property of the property	th the Supreme Court's ring to all but the termi and Multiple Sclerosis ying discriminates again of their competency as	s ruling in Carter v. C nally ill, effectively c to unnecessary and nst Canadians with c a matter of course.	anada. If passed as condemning unwanted suffering. onditions like This is extremely
As a result, I regretfully had consider whether you can Court's ruling and violates	ave to ask you to oppose Bill C n in good conscience throw yo s the Charter.	-14 when it is voted on ur support behind a law	in the House. Please v that blatantly defic	e take the time to es the Supreme
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that reflects proper study death, Canadians demand	rapidly approaching, I am aski , debate and consultation, inc d laws that are well-crafted an n, especially with so much at s	luding with medical and distance that ultimately respendent	d legal regulators. In	matters of life and
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Ministerial Correspondence Unit - Justice Canada From: Sent: 2016-May-19 1:20 PM s.19(1)To: Rai Saini Cc: Justin trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Subject: Bill C-14 Dear Raj Saini MP, The Alberta Court of Appeals has already ruled Bill C-14 to be unconstitutional. I have always thought passing unconstitutional laws was a Conservative practice and that Liberals would not waste their time doing this. Please try to get your party to stop this embarrassment. Yours sincerely, This email was sent via do^gooder, a campaign platform that enables people to contact you regarding issues they care about. The FROM field of this email is campaigns@good.do however the email was sent by provided this email address:

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the REPLY-TO field and you should respond to

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-19 3;23 AM

To:

Jonathan Wilkinson

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

'No' to Bill C-14 as it now stands, and work to adopt the Carter ruling.

Dear Jonathan Wilkinson MP.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

I known this a a vexed issue, and complicated to deal with when one takes into account various constituencies. However, the ONLY important constituency in this is the person suffering who wishes to leave this world.

The current position of our government (that's mine, that's yours, that's ours) is disapppointing in the extreme. Please work toward respecting Canadians' Charter rights as well as the Supreme Court's ruling.

I am sorry to be writing to you to express disappointment, and sorry to have to be asking you to oppose Bill C-14 when it is voted on in the House.

I have been grateful for elucidation of issues provided by BC Civil Liberties, and I assume that you are now familiar with these considerations, too.

Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Please, please, do not rush to judge	ement.		s.19(1)		•
Yours sincerely,				•	
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From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-19 2:25 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Alberta court ruling at odds with federal assisted-dying bill - The Globe and Mail

From:

Sent: May 19, 2016 2:16 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.; Vaughan, Adam - M.P.; Oliphant, Rob - M.P.; McCallum, John - M.P.; Rankin, Murray - M.P.; Casey, Sean - M.P.; Mulcair, Thomas - Député; Sen. James Cowan; Runciman, Bob: Sen; Joyal, Serge: Sen; Nancy Ruth: Sen; peter.harder@sen.parl.gc.ca; Ogilvie, Kelvin: Sen; Campbell, Larry W: Sen; Jaffer, Mobina S. B.: Sen; Trudeau, Justin - Député; Anya Colangelo; Wrzesnewskyi, Borys - M.P.

Cc: Carole Walker; Carole Walker

Subject: Alberta court ruling at odds with federal assisted-dying bill - The Globe and Mail

http://www.theglobeandmail.com/news/politics/alberta-appeal-court-shoots-down-federal-rationale-for-assisted-death-limits/article30074138/

The disorder in the House yesterday is symptomatic of a government trying to push legislation through that has not been properly debated by the MPs.

The June 6th deadline is not that critical. There will be no 'void' in the law because the SCC's Carter ruling will take effect immediately.

The most important criterion is compliance with the Charter of Rights. In it's current unfinished state C-14 does not meet that test. It must be amended appropriately!

Sincerely,



Get the details on the mysterious linkbetween stress and digestive health.



The all-new 2017 Sportage - completely redesigned with Dynamax AWD, Andriod Auto and Panoramic...



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THE GLOBE AND MAIL 🥦

May 18, 2016

Alberta court ruling at odds with federal assisted-dying bill by sean fine

Provincial court rules that a woman with a mental illness but who is not terminally ill has the Constitutional right to aid in dying

Alberta's highest court has dealt a strong blow to the Liberal government's proposed law on assisted death, ruling that a woman who has a psychiatric illness and is not terminally ill has a constitutional right to aid in dying.

The Liberal law says the opposite – no assisted death unless a natural death is "reasonably foreseeable," and none for those whose primary condition is psychological.

The 3-0 ruling puts the government in a tenuous position. It could appeal to the Supreme Court, which could mean delaying passage of its law until the court makes a decision. Or it could ignore the ruling and pass a law that flies in the face of the only appeal-court pronouncement, albeit an indirect one, on its main provisions.

Federal Justice Minister Jody Wilson-Raybould said Wednesday that the government would stick by its law. "The Supreme Court of Canada told us that Parliament is best placed to design a regime around medical assistance in dying with a robust set of safeguards. That is what we have done." She said the appeal court's decision was not a decision on the proposed assisted-death law.

She added that she is not ready yet to say whether the government will appeal the ruling.

The proposed new law, still being debated in Parliament, was not directly at issue before the Alberta Court of Appeal. But its substance was very much before the court in the case of E.F., a 58-year-old with a diagnosis of "severe conversion disorder" – formerly known as "hysteria" – which means she has severely disabling neurological problems with no physical explanation for them.

The Alberta Court of Queen's Bench had approved E.F.'s request for an assisted death. But the Attorneys-General of British Columbia and Canada appealed that ruling. (B.C. was involved because the doctor who is prepared to assist in E.F.'s death practises in that province, and E.F.'s lawyers notified the province of the hearing.) The Canadian government argued in its appeal that the parameters set down by the Supreme Court of Canada for a doctor-assisted death precluded individuals with a psychiatric illness and those who are not in the advanced stage of a terminal illness.

The Globe and Mail: Alberta court ruling at odds with federal assisted-dying BMIge(s) en vertu de la Pagel'200f 2'information

However, the judges said the government's position was out of step with the Supreme Court's actual words last year establishing a constitutional right to an assisted death for mentally competent adults suffering intolerably from a "grievous and irremediable" condition.

For instance, even by the federal government's acknowledgment, the Supreme Court set out no explicit requirement for a terminal illness. "The decision itself is clear," Justices Marina Paperny, Peter Costigan and Patricia Rowbotham said in a jointly authored ruling. "No words in it suggest otherwise. If the court had wanted it to be thus, they would have said so clearly and unequivocally. They did not."

Intolerably ill people face a cruel choice of killing themselves while they still have quality of life or suffering until dying from natural causes, the Supreme Court had said. "The cruelty in the situation is there regardless of whether the illness causing the suffering may be classified as terminal," the Alberta Court of Appeal wrote.

E.F. suffers from muscle spasms from her face and head through her shoulders, causing her constant pain and migraines; her eyelid muscles have spasmed shut, rendering her blind; her digestive system is failing and she does without food for up to two days, causing her to lose muscle mass; she needs to be carried, or use a wheelchair, the Alberta court said. "Her quality of life is non-existent."

She is mentally competent, the judges said, and neither depressed nor suicidal, but "simply exhausted after years of suffering indescribable pain." Her husband and adult children support her request, as does her doctor of 28 years.

If the government passes its law as it is, it could argue in any subsequent court challenge that it had the right to impose limits on the Supreme Court's ruling, according to Eric Adams, a constitutional specialist at the University of Alberta law school.

"It's a separate issue from, 'Is the government constitutionally able to craft a regime for assisted dying that is somewhat different, even narrower," than what the Supreme Court set out in its assisted-death ruling. "One thing that courts have done in other kinds of constitutional cases is say that it's not necessarily the case that the government has to follow the exact letter of a Supreme Court of Canada decision in crafting its legislative response."

The Supreme Court has given superior-court judges the right to give permission for an assisted death, until June 6. On that date, its ruling striking down a law criminalizing those who assist someone to die takes effect. There will be no process for individuals to seek judicial authorization, though they can still go directly to doctors for help in dying. Ms. Wilson-Raybould said many doctors will not feel comfortable doing so in a legislative vacuum. She said the Alberta ruling underscores the need to have a law in place by June 6.

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From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@part.gc.ca>

Sent:

2016-May-19 2:24 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

s.19(1)

From:

Sent: May 19, 2016 2:22 PM **To:** Wilson-Raybould, Jody - M.P.

Subject: Re: Bill C-14

Dear Minister Wilson-Raybould:

I would like to comment on the recent legislation introduced by your party regarding Medical Aid in Dying (MAID).

I am at a loss to understand how the bill the Liberal Party is proposing is compliant with the ruling issued by the Supreme Court of Canada (SCC) many months ago. The Court made quite plain that it is not constitutional for the government of Canada to refuse competent adults who are experiencing a grievous and irremediable illness or disability, and find their suffering unbearable, access to MAID.

The legal definition of "grievous" is "serious or severe; not trivial". There is no necessity at all for the condition endured to be life threatening, either in the long or short term. The current bill requiring that natural death be expected in the foreseeable future is in violation of the SCC decision. It seems that yourself and the Minister of Health, responsible for crafting this bill, have decided to ignore the Court and impose their own world view on the rest of us. This is something I would have expected from the last federal government, not from a party who stressed respect for the SCC during the election.

I am also very disturbed by the exclusion from MAID of those competent adults suffering from grievous and irremediable mental illness (and who judge their suffering to be unbearable). Again this is an obvious violation of Carter, in which the SCC carefully did <u>not</u> stipulate that the illness in question must be physical in nature. A recent decision from the Alberta courts verifies my interpretation of the SCC position on this issue. You cannot discriminate against competent people who suffer from mental illness. It is an absolutely patronizing and disgusting attitude, which only serves to denigrate their level of suffering, the paucity of effective treatments available to them.

I'm not sure if yourself and your colleagues are actually so ignorant of the realities faced by those dealing with chronic and intractable mental illness that they assume such illnesses are usually trivial and/or curable, or if they are under the completely false impression that all such individuals are mentally incompetent. Either way, it is deeply offensive to me.

I feel betrayed by your party. I, and many others who supported the Liberals in the last election, are absolutely furious at the disrespect your party is showing for the Court, and for basic human rights. **This is not what I voted for.**

Unless you change this bill to make it conform in every way with the ruling of the Supreme Court of Canada, you will have permanently lost my support.

Most Sincerely,

From: Sent:

May-19-16 6:11 PM

To:

Harjit Sajjan

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Harjit Sajjan MP,

modified form LTK

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake. I am currently living with progressive MS, and want to have the ability to request help ending my life, if and when my disease progresses to the point where I lose my independence, and have zero quality of life. Thank you for taking the time to read my email.

Yours s	sincerely,	

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To learn more about do^gooder visit www.good.do	
	s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

May-19-16 6:40 PM

Sent: To:

Mark Gerretsen

Cc: Subject: Justin trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Mark Gerretsen MP,

medited form LTK

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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To learn more about do^gooder visit www.good.do

Ministerial Correspondence Unit - Justice Canada

Sent: May-19-16 4:55 PM

To: Neil Ellis
Cc: Justin trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada
Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Neil Ellis MP,

From:

modified fam LIR

I feel strongly that Bill c-14 should allow the maximum latitude, as suggested by the Supreme Court.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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This email was sent via do^gooder, a campaign platform that enables people to contact you regarding about. The FROM field of this email is campaigns@good.do however the email was sent by	issues they care who
provided this email address	
In accordance with web protocol FC 3834 (http://www.rfc-base.org/rfc-3834.html) we have included	this address in
the REPLY-TO field and you should respond to at that email address.	·

To learn more about do^gooder visit www.good.do

	The second of th
From:	
Sent:	May-19-16 6:01 PM
To:	Ron McKinnon
Cc: Subject:	Justin.trudeau@parl.gc.ca, Ministerial Correspondence Unit - Justice Canada Say 'Yes' to Carter and 'No' to Bill C-14
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Dear Ron McKinnon MP,	modred form LTR
Dear Nort Wickinffoll Wif,	
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with so much at stake.	and the government starting again, especially
	·
Yours sincerely,	·
rours sincerely,	

to find myself in this situation one day. I WILL continue t	to fight for this choice for myself and for others.
This email was sent via do^gooder, a campaign platform about. The FROM field of this email is campaigns@good. this email address:	that enables people to contact you regarding issues they care do however the email was sent by who provided
In accordance with web protocol FC 3834 (http://www.r the REPLY-TO field and you should respond to	fc-base.org/rfc-3834.html) we have included this address in at that email address.
To learn more about do^gooder visit www.good.do	s.19(1)

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: May 20, 2016 2:29 PM **To:**

Cc: Ministerial Correspondence Unit - Justice Canada, Jane Philpott, P.C.,M.P.

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From: Received

: 18 May 2016 06:11:15 PM >>>

>>> Subject : Bill C-14 >>>>

Dear Prime Minister Trudeau - since introducing Bill C-14 your government has been claiming that the bill is constitutional and upholds the Charter rights established by the Supreme Court in the Carter decision. Obviously the ruling of the Alberta Court of Appeal has now shown that that opinion is incorrect. If your government continues to try and pass Bill C-14 in the face of this overwhelming evidence of its violation of the Charter you will be abdicating your moral responsibility to protect the Charter rights of Canadians. Passing this legislation will result in another round of court cases that yesterday's decision clearly demonstrates you will lose. How many Canadians will continue to suffer while you waste time and taxpayer money fighting a losing court battle. It is time for your government to save face and admit that your legislation is deeply flawed. This legislation is so important to so many suffering Canadians that rushing through unconstitutional legislation just to reach the June 6th deadline is unacceptable. I implore you to withdraw this bill until it can be amended to meet the criteria established in the Carter decision.

This message and any attachments are confidential. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this e-mail is strictly prohibited. If you have received this e-mail in

error, please notify the sender immediately by return e-mail. Internet communications cannot be guaranteed to be secure or error free as information could be intercepted, corrupted, lost, arrive late or contain viruses. The sender does not accept liability for any errors or omissions in the context of this message which arise as a result of Internet transmission. Thank you.

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca> Sent: May 20, 2016 2:22 PM To: Ministerial Correspondence Unit - Justice Canada, Jane Philpott Cc: Subject: Office of the Prime Minister / Cabinet du Premier ministre Dear Thank you for your e-mail to the Prime Minister. Please be assured that your comments have been noted and that they will receive due consideration from the Ministers, whom you also addressed in your correspondence. Once again, thank you for writing. S. Russell **Executive Correspondence Officer** Agent de correspondance de la haute direction >>> From: Received: 19 May 2016 12:17:43 AM >>> >>> Subject : PM Web Site Comments - Justice and Attorney General of Canada >>>> Date: 2016/5/19 0:17:11 Name/Nom || E-Mail/Adresse électronique : City/Adresse: Province: Postal Code/Code postal Telephone/Téléphone: Comments/Commentaires: To: Right Honourable Justin P.J. Trudeau Justice Minister Jody Wilson-Raybould Health Minister Jane Philpott Re: Assisted Dying Bill C-14 I am against passage of this bill as it stands, because it is contrary to the Supreme Court's recommendation that addresses advance directives as a right. Advance directives are the most

Comments/Commentaires: To: Right Honourable Justin P.J. Trudeau Justice Minister Jody Wilson-Raybould Health Minister Jane Philpott Re: Assisted Dying Bill C-14 I am against passage of this bill as it stands, because it is contrary to the Supreme Court's recommendation that addresses advance directives as a right. Advance directives are the most humane and fair way to deal with end of life decisions. It should be a right of every competent individual who suffers from an illness that causes severe bodily and psychological pain. I also believe palliative care should be available in nursing homes, but this has to be addressed as a separate issue. I believe there should be an amendment to this bill allowing advance directives, or failing that, the bill should not be passed as is. Or it will be challenged in the courts as a violation of charter rights.

May 20, 2016

The Honourable Jody Wilson-Raybould Minister of Justice and Attorney General of Canada House of Commons Ottawa, Ontario K1A 0A6

s.19(1)

Dear Minister,

Bill C-14 would limit access to medical assistance in dying only to those Canadians whose death is reasonably foreseeable. This flies in the face of the Supreme Court's decision in *Carter v. Canada* and leaves many suffering Canadians behind.

It excludes people who are suffering with prolonged illnesses like spinal stenosis, Lou Gehrig's Disease (ALS), or Multiple Sclerosis that can leave individuals trapped in indefinite agony. These are the very people who have been fighting to change the law. Bill C-14 would put the burden back on sick Canadians to return to court to fight for their rights. That is too much to ask of families who are struggling with some of the most difficult times in their lives.

On June 6, 2016, when the Supreme Court's ruling in *Carter v. Canada* comes into force, Canada would be better off being guided by the Supreme Court's ruling than having Bill C-14 in place. Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6. Rather, the *Carter* ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are protected from abuse.

As it is drafted, Bill C-14 defies the Supreme Court's ruling and violates the Charter.

Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights.

With respect, I urge you to reconsider Bill C-14. Thank you.

Sincerely,

The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
House of Commons
Ottawa, ON KIA OA6

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: May-23-16 10:58 AM

To:
Cc: Ministerial Co.

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From: Received:15 May

2016 10:07:41 AM >>>

>>> Subject : Bill C:14 Assisted Suicide Bill >>>>

Dear Prime Minister Justin Trudeau,

This is in regards to the recent move to amend Bill C:14 to include physician assisted suicide as a right to Canadians experiencing "a grievous and irremediable medical condition that causes them enduring and intolerable suffering". As a Canadian citizen, Idisagree with this Act for a variety of reasons.

Firstly, in the Act to amend the Criminal Code, the Preamble states that suicide is a significant public health issue that canhave lasting and harmful effects on individuals, families, and communities". This statement argues against assisted suicide and is clear reason why such an Act would not be beneficial to Canadians. Suicide does not cease to have "lasting and harmful effects" as soon as it is physician assisted. Regardlessof the circumstances revolving around the suicide, these negative effects willstill happen. With the physician assisted dying Act, the Canadian government isactually affirming and encouraging a person's choice to commit suicide and perpetuate these negative effects. This affirmation will not only affect those with the "grievous and irremediable medical condition" but may also promotenon-physician

assisted suicide among those who are not eligible for physicianassisted suicide. For the Government to support an Act that the Government hasstated creates "lasting and harmful effects" demonstrates that the Government, through this Act, is not acting for the betterment of society or acting on itsbelief in the negativity of suicide in general.

Secondly, some have said that disallowingphysician assisted dying violates a person's Charter rights, especially inregards to sections 7 and 15. However, I challenge that argument. Section 7states that "Everyone has the right to life, liberty, and security of theperson and the right not to be deprived thereof except in accordance with theprinciples of fundamental justice." This section reminds Canadians of the value of life and that everyone has the right to life, but not death. The physician assisted dying Act violates section 7 by allowing people to take their own life, and thereby depriving them of the "right tolife, liberty, and security of the person". In regards to Section 15, the Act, if passed, creates a dangerous situation. Section 15 states that discrimination under the law based on "mental or physical disability" is prohibited. Thus, bythe Act allowing some people with a severe physical disability to die viasuicide but not all those with a physical disability who may wish to dieviolates Section 15. The Government, by choosing this Act, also chooses to discriminate against certain Canadian citizens. This is almost guaranteed tocreate frustration, distress, and anger among Canadian citizens and within the judicial system.

Finally, I urgeParliament to consider the following points:

- TheAct specifies a fifteen-day reflection period before signing the physician ssisted death contract. Those in Parliament surely know that such difficult decisions like choosing to end one's life should not be decided in only such ashort time.
- The Canadian Government promotes this Act as a way to respect Canadian citizens' choice and to "avoid encouraging negative perceptions of the quality of life of persons who are elderly, ill, or disabled". However, this Act also suggests that the Government is really just interested in cutting the costs linked topalliative care, aging, etc. What is the real reason behind this Act?
- Deathis a natural part of life and it can be painful and difficult on the personfacing death and his or her family and friends. Canadians need to face this, not just run away from it. Rather than promoting physician assisted death as away to cope, I would much rather the Government offer services to improve thequality of life of the suffering, further research, and offer counselling. As aChristian, I believe offering those considering suicide the hope of Jesus wouldbe a much better option than choosing suicide.

Thank-you for taking the time to review and consider a concerned Canadian citizen's view on the proposed amendments to BillC:14. I pray

the Government will make the choice that promotes the value and sanctity of human life and that someone who faces a painful and incurable disease can still contribute to society, maintain dignity, and lead a good life.

Sincerely,

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-24 8:23 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From

Received: 18 May

2016 08:47:11 PM >>>

>>> Subject : Bill C-14 >>>>

Dear Prime Minister Justin Trudeau,

Please stop the vote in parliament on Bill C-14. It is a ridiculous law drafted primarily by the Harper government which doesn't reflect the wishes of most Canadians. The Alberta Court of Appeal has ruled against your Bill. You are only creating the need of the Courts to reject Bill C-14 and eventually embarrassing your self. Why you are limiting debate and pushing this Bill through, is a mystery. The Conservative Official Opposition must be thrilled to see you passing their legislation. This is an ill considered action.

Thank you,

Ministerial Corres	pondence Unit	- Justice	Canada
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From: Prime Minister/Premier Ministre <PM@pm.gc.ca>
Sent: 2016-May-24 8:23 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

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J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received:

18 May 2016 10:52:40 PM >>>

>>> Subject : Re: Bill C-14 >>>>

Dear Prime Minister:

I would like to comment on the recent legislation introduced by your party regarding Medical Aid in Dying (MAID).

I am at a loss to understand how the bill the Liberal Party is proposing is compliant with the ruling issued by the Supreme Court of Canada (SCC) many months ago. The Court made quite plain that it is not constitutional for the government of Canada to refuse competent adults who are experiencing a grievous and irremediable illness or disability, and find their suffering unbearable, access to MAID.

The legal definition of 'grievous' is 'serious or severe; not trivial'.

There is no necessity at all for the condition endured to be life threatening, either in the long or short term. The current bill requiring that natural death be expected in the foreseeable future is in violation of the SCC decision. It seems that the two Ministers responsible for crafting the bill have decided to ignore the Court and impose their own world view on the rest of us. This is something I would have expected from the last federal government, not from a party who stressed respect for the SCC during the election.

I am also very disturbed by the exclusion from MAID of those competent adults suffering from grievous and irremediable mental illness (and who judge their suffering to be unbearable). Again this is an obvious violation of Carter, in which the SCC carefully did not stipulate that the illness in question must be physical in nature.

I'm not sure if your Ministers are actually so ignorant of the realities faced by those dealing with chronic and intractable mental illness that they assume such illnesses are usually trivial and/or curable, or if they are under the completely false impression that all such individuals are mentally incompetent. Either way, it is deeply offensive to me.

I feel betrayed by your party. I, and many others who supported the Liberals in the last election, are absolutely furious at the disrespect your party is showing for the Court, and for basic human rights. This is not what I voted for.

Unless you change this bill to make it conform in every way with the ruling of the Supreme Court of Canada, you will have permanently lost my support.

Most Sincerely,

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-24 2:24 PM

To:

Ministerial Correspondence Unit - Justice Canada, Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

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J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From :

Received: 19 May

2016 07:10:25 PM >>>

>>> Subject : Bill C-14 >>>>

Dear Prime Minister:

I have concerns when it comes to Bill C-14 I cannot support the government's bill to regulate the practice. The joint committee on physician-assisted dying was struck to consider how Parliament should respond to the Supreme Court's ruling in the Carter case. This Bill does not reflect the Carter Case. The committee, co-chaired by Oliphant, made 21 recommendations, particularly that medically assisted death be made available to 'individuals with terminal and non-terminal grievous and irremediable medical conditions that cause enduring suffering that is intolerable to the individual in the circumstances of his or her condition,' including those suffering from mental illness. After further consideration, the committee suggested, the practice should be opened to 'mature minors.' Individuals would also be able to provide 'advance requests' before their illnesses became intolerable.

Mr. Trudeau the government took a narrower approach in its legislation, not allowing advance requests and limiting access to those whose death was 'reasonably foreseeable.' Oliphant says he has three reasons for not supporting the bill: the Carter decision, the concerns of constituents and his conscience. He believes the legislation does not meet the thresholds of the court's decision. The family of Kay Carter and her lawyer have said they believe she would not have been eligible for medical assistance in dying under the Liberal bill and, having consulted with lawyers, Oliphant similarly believes the legislation fails to meet the thresholds of the court's decision. I'm concerned with the bill's requirements that an individual be dealing with an incurable illness and that the death be reasonably foreseeable. After speaking with

doctors Oliphant wonders, for instance, whether a prognosis of death within three to five years would be considered to be within the reasonably foreseeable future, referring to the case of Patient No. 2 in Manitoba.

Oliphant says some of his constituents have requested the possibility of advance directives, and he also questions a clause in the legislation that requires a reconfirmation before medically assisted death is administered. The latter, he says, could be cruel for patients who are being treated with morphine, requiring that they be taken off the drug and made to suffer. This would also require medical professionals to judge competence under difficult circumstances. The [Supreme Court] gave us the possibility of alleviating intolerable suffering, and the bill does not take sufficient measures in that regard, Oliphant says. The Liberal MP for Don Valley West supported the bill at second reading, but said he was waiting to see how the legislation would be amended by the House justice committee. Oliphant says he told the prime minister of his view and that Justin Trudeau was 'completely respectful.' He believes the bill has enough support to pass in the House of Commons and he says he is not advocating that other MPs follow his lead and vote against it. Oliphant hopes the Senate might address some of what he considers to be the bill's shortcomings. 'My hope is the Senate really studies as well; thoughtfully, and sends some amendments back,' he says. He also still hopes to convince the government to refer the bill directly to the Supreme Court after it receives royal assent, thus potentially sparing a suffering individual the trouble of pursuing their own legal challenge. Justin I support Oliphant and believe this Bill needs to be seriously amended. In the way the Bill is now it WILL NOT pass by the Senate and will cause Canadians to SUFFER longer. The cruelty of the way this Bill sits right now is unacceptable and unconstitutional.

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-24 4:52 PM

To: Cc:

iviinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon

Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 23 May 2016 12:31:54 PM >>>

>>> Subject : PM Web Site Comments - Public Safety >>>>

Date: 2016/5/23 12:31:01

Name/Nom :

E-Mail/Adresse électronique

Comments/Commentaires: Dear the Right Hon. PM Trudeau, I am writing regarding euthanasia and assisted suicide and am requesting that you vote against bill c-14 at every phase. I believe it is fundamentally wrong to assist in killing others, and legalizing this is very dangerous for all Canadians. As a tax payer, it goes against my conscience to pay for the killing of others, and forcing Canadians to do so through their tax dollars violates the charter of Canadian rights and freedoms. I'm asking that you protect freedom of conscience for all Canadians including physicians as well as tax payers, protecting anyone from being forced to assist in dying. Please ensure that euthanasia is not funded by tax dollars. Thank you so much for your time and for the sacrifices you are making to serve Canada. I am praying for you!! God bless,

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-27 1:52 PM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 24 May

2016 05:36:17 PM >>>

>>> Subject : DO NOT RUSH PASSAGE OF POORLY CONCEIVED BILL C41! >>>>

Dear Prime Minister,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a

government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

DO NOT RUSH THROUGH PASSAGE OF THIS POORLY CONCEIVED BILL!. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary

safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to not rush through the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake. I WOULD VERY MUCH RESPECT YOU STARTING AGAIN TO CRAFT A BETTER BILL THAT RESPECTS THE SUPREME COURT DECISION.

Yours sincerely,	

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

2016-May-27 2:30 PM

To:

iviinisteriai Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Cc: Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From :

Received: 20 May 2016 07:31:24 PM >>>

>>> Subject : In regards to Bill C-14 >>>>

Prime Minister

The Right Honourable Justin Trudeau House of Commons Ottawa, Ontario K1A 0A6

Dear Mr. Trudeau;

I am writing to you concerning Bill C-14 - Medical Assistance in Dying.

Although I disagree with the principle of medical assistance in dying, I acknowledge that the government must produce a Bill as a result of the

2015 Supreme Court of Canada decision in order to fill a potential legal vacuum with unknown and potentially dangerous consequences for vulnerable people and medical practitioners.

I would first like to express my concerns with the principle of medical assistance in dying. This proposed legislation will make euthanasia and assisted suicide legal and more accessible in our entire country. The sanctity of human life is a foundational principle of Canadian society.

It has both individual and communal import: it undergirds the recognition of the equal dignity of each individual regardless of their abilities or disabilities and shapes and guides our common life together, including our legal, health care and social welfare systems.

It engenders the collective promotion of life and the protection of the vulnerable.

The teaching of the Christian Church and the stance of its members and many non-Christians alike affirms the sacredness and dignity of human life. Suicide and euthanasia are contrary to the most profound natural inclination of each human being to live and preserve life. Furthermore, they contradict the fundamental responsibility that human beings have to protect one another and to enhance the quality of health and social care which every human life deserves, from conception to natural death. At a time when our priority should be fostering a culture of love, and enhancing resources for those suffering and facing death, assisted suicide leads us down a dark path. At first sight it may seem an attractive option, a quick and merciful escape from the suffering that can be experienced in life, but fuller reflection reveals its grim implications, especially for those who are most vulnerable. Such fuller reflection is sorely needed now.

The withholding or withdrawal of burdensome treatment must be distinguished from euthanasia and assisted suicide. The intention in such cases is not to cause death but to let it occur naturally. There is a fundamental difference between killing a person and letting her or him die of natural causes.

Bill C-14, no matter how it may be amended, is an affront to human dignity, an erosion of human solidarity, and a danger to all vulnerable persons -- particularly the aged, disabled, infirm and sick who so often find themselves isolated and marginalized. Moreover, it is a violation of the sacrosanct duty of healthcare providers to heal, and the responsibility of legislators and citizens to assure and provide protection for all, especially those persons most at risk. As our country faces this new moral and social threat, I call on all legislators to consistently defend and protect the lives of all.

Recognizing that the Supreme Court decision and deadline essentially make medically assisted death a reality in Canada, and that a Bill is necessary to develop and pass to make it happen, I ask that the government to:

- * Prioritize effective palliative care for all, and support for those experiencing chronic suffering of any kind. We must especially offer love and compassionate assistance to those who are tempted to suicide, with or without assistance.
- * Protect health care workers across Canada who oppose participating in euthanasia/assisted suicide, either by doing it personally or by arranging for it to be done (that is, referring for these procedures.) Their conscience rights are protected under the Canadian Charter of Rights and Freedoms, and those rights must be respected in practice. In protecting them, we protect those they serve.
- * Protect health care institutions, hospices and long-term care facilities whose mission, vision, and values commit them each day to heal, not to hasten death. In a cold world of euthanasia, havens of hope are all the more needed.
- * Ensure careful and stringent tracking and legislative review is put in place so that the bill can effectively be assessed and challenges addressed in public dialog during the review.

Thank you for your attention to these actions.

Sincerely,

Page 669 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

Ministerial Correspondence Unit - Justice Canada

From:	Prime Minister/Premier Ministre <pm@pm.gc.ca></pm@pm.gc.ca>
Sent:	2016-May 30 11:52 AM

To:

Cc:

Ministerial Correspondence Unit - Justice Canada: Jane Philpott, P.C. M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>>	From:	Received : 2	26	Mav	2016 11:19:21 PM	>>>
				,	-010 TT:TO:ET IV	

>>> Subject: PM Web Site Comments - Health, Canadian Northern Economic Development Agency and The Arctic

Council >>>>

Date: 2016/5/26 23:19:19 Name/Nom :

E-Mail/Adresse électronique :

Comments/Commentaires: Dear Prime Minister, I voted for your government because I was tired of having a government that sought power above the will of the people. You have before you, a bill regarding assisted death as demanded by the Supreme Court of Canada. The bill that your government has drafted not only goes in the face of the SCC, but goes against common sense and also common expert legal opinion that the bill will not withstand a charter

challenge, not even by the lady who initially brought the case before the SCC. I have multiple sclerosis. It has left me disabled but I choose to live with intolerable discomfort despite a complex medication regimen. If someday I choose not to live, should that not be my choice? Should it not be every Canadian's choice? You have time to amend this bill. The previous government ignored the people too at their own demise. Govern for everyone. Canadians deserve better.

s.19(1)

Ministerial Corresponden	ce Unit - Justice Canad	da			
From: Sent: To: Cc: Subject:	Prime Minister/Premier Ministre <pm@pm.gc.ca> 2016-May-30 11:54 AM Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P. Office of the Prime Minister / Cabinet du Premier ministre</pm@pm.gc.ca>				
Dear					
On behalf of the Right Honoregarding physician-assiste	ourable Justin Trudeau, d dying.	I would like to acknowle	edge receipt of your corres	pondence	
Please be assured that your interest to the Honourable Honourable Jane Philpott, I that the Ministers will wish	Jody Wilson-Raybould, Minister of Health, I hav	Minister of Justice and A e taken the liberty of for	Attorney General of Canad	a, and the	
Thank you for writing to the	e Prime Minister.			·	
J.P. Vachon Manager/Gestionnaire Executive Correspondence for the Prime Minister's Off Services de la correspondar de la haute direction pour le Cabinet du Premier	ice nce		s.19(1)		
>>> From: 2016 09:52:47 AM >>>		Received : 28 May			
>>> Subject : Assisted suic	ide:deeper questions >	·>>>			
Mr. Prime Minister:					
I am i indepe hoped they would be debat		list of questions to ever	ry member of the House o	f Commons. I had	
Here's a shorter list:				•	
1. Is it possible that nine law	wyers could be wrong?				

3. Is it common sense to think that a Parliament full of inexperienced members should be wise enough to craft a life-and-death law that will overturn centuries of law and custom?

2. Is there a law or authority higher than the Canadian Charter of

Rights?

4. Can you summon enough courage to invoke the 'notwithstanding' clause

and say to the Supreme Court judges, 'Ladies and Gentlemen, with all due respect, Parliament recognizes an unusually great responsibility in this

matter and therefore we will take all the time necessary for full debate on Bill C-14?

Yours respectfully,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre < PM@pm.gc.ca>

Sent:

2016-May-31 11:21 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

S. Russell
Executive Correspondence Officer
Agent de correspondance
de la haute direction

>>> From

Received: 21 May

2016 08:32:36 AM >>>

>>> Subject: Bill C-14 on Medically Assisted Dying >>>>

Dear Honourable Prime Minister Trudeau.

This message is intended to convey to you my deep concerns regarding the impending legislation on medically assisted suicide.

I do sincerely believe that despite all your good intentions behind the proposed legislation and despite any and all of the restrictions and safeguards you may set up to prevent abuse, there will be innumerable instances when unscrupulous family members and 'care-givers' will find ways to misuse the provisions of the law for ridding themselves of their (unwanted) responsibility towards helpless persons in their care. Clear evidence exists in Europe and elsewhere that the combination of power of attorney, "honour based" self-reporting by the health care industry and a general lack of true compassion has led to the death of scores of individuals unwittingly deprived of the benefits of better end of life care and support services. We have done away with capital punishment even for criminals who want it in favour of incarceration. Why would we effectively 'restore it' enabling the deprivation of life of the truly innocent and helpless?

I also understand that while it may be inevitably difficult to prevent a person from making desperate choices, the danger still exists that this legislation may also compel doctors and other health care providers to act against their conscience and force them to administer lethal treatments "causing people to die". This is a gross violation of ethical and moral rights and tramples on religious freedoms and conscience rights. Forcing people into "causing of death" actions is unconscionable and repeats the horrific mistakes of history in "simply obeying orders"

despite the atrocious results. For many health care professionals, the work of healing transcends the mechanical administration of tests and application of medicine. For them, the act of healing recognizes and advances the notion that life is precious and God given. Others may not share in that same view and generally do excellent work. However, excellent work is not the sole objective.

As a Christian, I believe that life is a precious God given gift, to be cherished from the moment of conception to natural death. I also believe that it is permissible to refuse burdensome and disproportionate treatment prolonging the inevitable process of dying. What is required is greater effort and investment that must be made in treatments and compassionate support services for those who are ailing as well as palliative care for those reaching the end of their natural lives.

The original law prohibiting assisted suicide, which was struck down by the Supreme Court in a move of judicial activism and moral relativism, needs to be restored and affirmed legislatively, to give it the all necessary strength to withstand any test that effectively deprives the rights of helpless people to live till the end of their natural lives.

Regards,



Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

May 31, 2016 3:15 PM

To:

Way 51, 2010 5.15 FW

Cc: Subject: Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From :

Received:

21 May 2016 01:44:35 AM >>>

>>> Subject : Bill C-14 on Medically Assisted Dying >>>>

Dear Honourable Prime Minister Trudeau,

This message is intended to convey to you my deep concerns regarding the

impending legislation on medically assisted suicide.

*I do sincerely believe that despite all your good intentions behind the

proposed legislation and despite any and all of the restrictions and safeguards you may set up to prevent abuse, there will be innumerable instances when unscrupulous family members and 'care-givers' will find ways to misuse the provisions of the law for ridding themselves of their

(unwanted) responsibility towards helpless persons in their care. Clear evidence exists in Europe and elsewhere that the combination of power of

attorney, "honour based" self-reporting by the health care industry and a general lack of true compassion has led to the death of scores of individuals unwittingly deprived of the benefits of better end of life care and support services. We have done away with capital punishment even for

criminals who want it in favour of incarceration. Why would we effectively 'restore it' enabling the deprivation of life of the truly innocent and helpless?*

I also understand that while it may be inevitably difficult to prevent a

person from making desperate choices, the danger still exists that *this

legislation may also compel doctors and other health care providers to act against their conscience and force them to administer lethal treatments "causing people to die".* This is a gross violation of ethical and moral

rights and tramples on religious freedoms and conscience rights. Forcing people into "causing of death" actions is unconscionable and repeats the

horrific mistakes of history in "simply obeying orders" despite the atrocious results. For many health care professionals, the work of healing transcends the mechanical administration of tests and application of medicine. For them, the act of healing recognizes and advances the notion that life is precious and God given. Others may not share in that same view and generally do excellent work. However, excellent work is not the sole

objective.

*As a Christian, I believe that life is a precious God given gift, to be

cherished from the moment of conception to natural death. I also believe

that it is permissible to refuse burdensome and disproportionate treatment prolonging the inevitable process of dying. What is required is greater effort and investment that must be made in treatments and compassionate support services for those who are ailing as well as palliative care for

those reaching the end of their natural lives.*

*The original law prohibiting assisted suicide, which was struck down by

the Supreme Court in a move of judicial activism and moral relativism, needs to be restored and affirmed legislatively, to give it the all necessary strength to withstand any test that effectively deprives the rights of helpless people to live till the end of their natural lives.*

Regards,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca> Sent:

To:

June 01, 2016 8:30 AM

Cc: Subject: Ministerial Correspondence Unit - Justice Canada; Jane Philpott

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

S. Russell

Executive Correspondence Officer Agent de correspondance de la haute direction

>>> From Received: 30 May

2016 10:47:03 PM >>>

>>> Subject: Fwd: I OPPOSE BILL C-14 MEDICAL AIDE IN DYING BILL

>>>>

>> THE RIGHT HONOURABLE PRIME MINISTER

>> >>

>> GOOD EVENING

>>

>> It is with some concern I note legislators are intent to facilitate people to kill themselves or worse yet get others to do the job for them.

>>

>> It seems ludicrous that folks that want to kill themselves would want

to involve the medical profession. Surely they can make or have someone make an appointment at the local mortuary to get terminated. That way there is likely someone there willing to do the deed (I presume for a fee) and keep our professionals from having to compromise their principles presuming they swore an oath to save and preserve life.

>> It is astounding that the professionals that do the killing are the ones that do the reporting. Most operations operate at arm's length. Don't you see the opportunity for abuse?

From: Sent:	Prime Minister/Premier Ministre <pm@pm.gc.ca> June 01, 2016 12:01 PM</pm@pm.gc.ca>				
To: Cc: Subject:	Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P. Office of the Prime Minister / Cabinet du Premier ministre				
Dear					
On behalf of the Right physician-assisted dyir	donourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regards.				
interest to the Honour	your comments have been carefully reviewed. As the issue you have raised will be of particular ble Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the				
•	ott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain vish to give your concerns every consideration.				
•	vish to give your concerns every consideration.				
that the Ministers will Thank you for writing	vish to give your concerns every consideration.				
that the Ministers will	vish to give your concerns every consideration.				
Thank you for writing J.P. Vachon Manager/Gestionnaire Executive Correspond	vish to give your concerns every consideration. The Prime Minister. The Services				
Thank you for writing J.P. Vachon Manager/Gestionnaire Executive Correspond for the Prime Minister	o the Prime Minister. Ince Services So Office				
Thank you for writing J.P. Vachon Manager/Gestionnaire Executive Correspond for the Prime Minister Services de la correspond	o the Prime Minister. Ince Services So Office				
Thank you for writing J.P. Vachon Manager/Gestionnaire Executive Correspond for the Prime Minister Services de la correspond de la haute direction	vish to give your concerns every consideration. The Prime Minister. The Services The Golden of the Prime Minister. The Prime Minist				
Thank you for writing J.P. Vachon Manager/Gestionnaire Executive Correspond for the Prime Minister Services de la correspond	vish to give your concerns every consideration. The Prime Minister. The Services The Golden of the Prime Minister. The Prime Minist				
Thank you for writing J.P. Vachon Manager/Gestionnaire Executive Correspond for the Prime Minister Services de la correspond de la haute direction	vish to give your concerns every consideration. The Prime Minister. Th				

I was enthusiastic about the Liberal policies, particularly the promise to bring in legislation to respect to the Carter decision, which I expected you to honour in its spirit and legality. My sense of betrayal is profound.

I expected the son of Pierre to actively support the Charter of Rights - he said he would.

We are all aware that the following groups have taken control of this issue - religious, disabled, CMA, and perhaps aboriginal (I do realize that suicide is a current and serious issue for them)

With this appearement policy, you are seriously compromising the lives of all other Canadians.

Please don't betray the trust that we placed in you.

And thank you, Rob Oliphant, for your compassion and hard work for ALL - not just some - Canadians.

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

June 01, 2016 1:13 PM

To:

June 01, 2016 1:1

Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

From:

Received: 31

May 2016 11:59:U/ AM >>>

>>> Subject : Concerns on Bill C-14 >>>>

Dear Members of Parliament.

Thank you for serving our nation.

I would like to voice my concerns regarding Bill C-14 and briefly ask you to fight to protect all Canadians and that government would* ensure conscience protection for all medical professionals and institutions who do not wish to participate in medical assisted dying. Forcing doctors, nurses and any other medical professionals and medical institutions who are morally opposed to assisted dying to participate in it against their will is a breech of the Canadian Charter of Rights and Freedoms and this is unjust. *

*I am asking that you would protect all medical professionals and institutions and focus on improving palliative care instead. *Currently

only around 15-30% of Canadians have access to palliative care.

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: June 02, 2016 10:12 AM **To:**

Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From: Received: 01

Jun 2016 12:38:55 AM >>>

>>> Subject : Euthanasia bill >>>>

Right Honorable Justin Trudeau,

I am writing to you to express my concern about the proposed euthanasia bill that is before the house of Commons. I understand the compassion that motivates the introduction of this bill. End of life choices are a challenging issue.

I do not believe in assisted suicide because I believe all life is precious and sacred. My concern is about the slippery slope euthanasia puts us as a country on. The slippery slope is real, and has led some jurisdictions into positions where the elderly are afraid to visit their physicians. I feel that it is a betrayal of trust for our physicians, the people we depend upon when we are the weakest to be the ones responsible for ending life.

The hippocratic oath reveals the challenge physicians face when treating difficult cases. 'Most especially must I tread with care in matters of life and death. Above all, I must not play at God." Doctors and other health care providers should not have to participate in euthanasia against their conscience. If they are, the truly compassionate medical care givers could be forced out of the service of their fellow man by their consciences objections. This is a breech of the Canadian Charter of Rights and Freedoms.

Suicide happens every day in this country without being sanctioned by law. Those determined to end their time here on earth often find a way to do so. I think it is tragic that when people are in their last days or in desperate spirits

there could be help to leave but not enough help to ease their pain. Instead of legalizing euthanasia, why don't we as a nation take the even more compassionate decision to make palliative care universally available? Currently in Canada only 15-30% of Canadians have access to palliative care. How about better mental health care, so desperate people can find hope?

Finally, I feel that using my taxpayer dollars to fund the taking of life is contrary to my conscience. I believe it is morally wrong to take a life, and would not like my tax dollars funding it. I do not want to participate in euthanasia in any way.

I appreciate your attention to my concerns. and respectfully beg that you vote against C-14 at every phase and call on Parliament to bring forward a new piece of legislation that would make assisted suicide and euthanasia illegal.

Respectfully,	•
	s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Sent:	Prime Minister/Premier Ministre <pm@pm.gc.ca> June 02, 2016 11:52 AM</pm@pm.gc.ca>					
To: Cc: Subject:	IVIINISterial Correspo Office of the Prime I	ondence Unit - Justice (Minister / Cabinet du Pr	Canada; Jane Philpott, P.C.,M. remier ministre	Ρ.		
Dear						
On behalf of the Right Hon physician-assisted dying.	ourable Justin Trudea	au, I would like to ackn	owledge receipt of your corre	spondence regardin		
interest to the Honourable	Jody Wilson-Raybou Minister of Health, T	lld, Minister of Justice a have taken the liberty	As the issue you have raised wand Attorney General of Canador of forwarding your e-mail to t	da, and the		
Thank you for writing to th	e Prime Minister.	· ·				
J.P. Vachon			s.19(1)			
Manager/Gestionnaire		•				
Executive Correspondence	Services					
for the Prime Minister's Of						
Services de la corresponda				•		
de la haute direction						
pour le Cabinet du Premier	r ministre					
	·					
•						
>>> From :	Receive	red: 01 Jun 2016 02:5	6:47 PM >>>			
>>> Subject : PM Web Site	e Comments - Public	Safety >>>>				
Date: 2016/6/1 14:56:28						
Name/Nom :				•		
E-Mail/Adresse électronique	ue					
not participate in euthanas	blic vote regarding Bi sia /assisted suicide a ntry to live in. I believ	according to vote #72. It is there is a great purp	erting that as an RN I will not b However I do want to thank yo ose for you and that you have	u for wanting		

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-Jun-06 3:15 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject: Attachments:

FW: 'Be afraid of Bill C-14': Right-to-die pioneer Kay Carter's family speaks out DFSharedImage2016-06-06, 40638 PM Atlantic Daylight Time.jpg; ATT00001.txt

----Original Message----

From

Sent: June 6, 2016 3:09 PM

To: Trudeau, Justin - Député; Mulcair, Thomas - Député; Ambrose, Rona - M.P.; Minister Of Health; Wilson-Raybould, Jody - M.P.

Subject: 'Be afraid of Bill C-14': Right-to-die pioneer Kay Carter's family speaks out

Those who successfully fought for a landmark Supreme Court of Canada ruling on medically assisted dying say the Senate must make changes to the "cynical, misinformed and unconstitutional" Bill C-14.

http://www.ctvnews.ca/canada/be-afraid-of-bill-c-14-right-to-die-pioneer-kay-carter-s-family-speaks-out-1.2933329

Be afraid of Bill C-14': Right-to-die pioneer Kay Carter's far

Meredith MacLeod, CTVNews.ca Published Monday, June 6, 2016 1:43PM EDT Last Updated Monday, June 6, 2016 2:57PM EDT

Those who successfully fought for a landmark Supreme Court of Canada ruling on medically assisted changes to the "cynical, misinformed and unconstitutional" Bill C-14.

Price Carter, son of Kay Carter who travelled to Switzerland to end her life more than five years ago, says Canadians who are suffering from unbearable and incurable diseases to take measures to end their lives.

"Be afraid of Bill C-14, Canada," he said during a press conference in Vancouver on Monday.

RELATED STORIES

'Amended or abandoned': Assisted dying advocate calls for changes to Bill C-14

Assisted dying enters legal grey zone as Senate reviews Bill C-14

Assisted dying bill gets rough ride in Senate

PHOTOS



Price Carter, son of Kay Carter (in photo in foreground) pauses during a news conference in Vancouver, B.C., Monday, June, 6, 2016. Carter and his sister Lee Carter say the proposed Bill C-14 now before the Senate ignores the plight of people suffering from grievous but nonterminal illnesses, such as their mother, who travelled to Switzerland more than five years ago to end her life. (Jonathan Hayward/THE CANADIAN PRESS)

He said the proposed bill "discriminates" based on age, mental stain their suffering.

At midnight Monday, Canada's provisions in the Criminal Code profollowing the Carter v. Canada Supreme Court ruling in February, passed Bill C-14 to set regulations around doctor-assisted suicide, approved by the Senate.

At issue is the fact that Supreme Court ruled that people suffering intolerable medical conditions be able to seek medical interventior providers be exempt from criminal prohibitions on aiding a suicide.

The proposed bill sets out that patients will qualify only if they are foreseeable.

Grace Pastine, litigation director for the B.C. Civil Liberties Association dying in the Carter v. Canada case, says patients with non-terminative who want to die with a doctor's care will have to launch a constitut

"This is a cynical, misinformed and unconstitutional piece of legisla "lives of unbearable suffering and cruelty," she said.

"This is not what the majority of Canadians want. It's time for Canapoliticians to listen."

Lee Carter, daughter of Kay Carter and one of the key plaintiffs in own 89-year-old mother, who suffered from a painful and debilitati wouldn't qualify under the proposed bill because it's not a terminal

"Where did the Liberal government go so terribly wrong?" She cha answer why he's not listening to the Supreme Court, constitutional

committee that vetted the bill.



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Medically assisted dying bill ignores those trapped in suffering: family | CTV Nucleus en vertu de la page l'acces d'information Act /

During question period in the House of Commons on Monday, Prime Minister Justin Trudeau said his governade sure the bill struck a balance between providing for the rights and freedoms of everyone while prote

"This government recognizes that this is a big step in the history of this country," he said. "We are ensuring

Each province's medical regulators have enacted guidelines that mirror the Supreme Court decision and the health care is a provincial responsibility, said Josh Paterson, executive director of the B.C. Civil Liberties A.

He said the proposed bill ignores what the Supreme Court fundamentally decided: "That people trapped ir escape."

The government repeatedly argued before the courts that patients should be terminal and near death to questime, he said.

He said it was a "complete and utter surprise" that the government excluded non-terminal patients from its thought they can't possibly mean that but it turns out they they do mean it."

Earlier Monday, federal health minister Jane Philpott told a national health convention that the health-care "daunting prospect" of being asked to aid in a suicide without having federal legislation behind them.

She said provincial guidelines are inconsistent in terms of the age required to qualify and the necessary nu and there is a "patchy approach" to the protection of the most vulnerable.

"While I have faith in Canada's healthcare providers to carry out these responsibilities responsibly and eth alone is insufficient, given the nature of what you will be asked to do."

Philpott told reporters that the bill is constitutional.

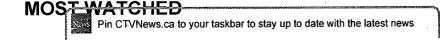
"We firmly support the fact that this piece of legislation is compliant to the Charter of Rights and Freedoms appropriate and responsible way to the Carter decision and there has been no shortage of consultation with the control of the consultation with the control of the consultation with the control of
But Dr. Cindy Forbes, president of the Canadian Medical Association, says doctors have been left in a "lector to get legal advice before proceeding in any assisted dying case.

She says there should be a consistent framework right across Canada.

Meanwhile, Ontario's health minister Eric Hoskins says the province will establish a referral service to allor assisted death to link their patients with doctors who are. He also said the necessary drugs for medically a cost...

Murray Rankin, the NDP's justice critic, says constitutional expert Peter Hogg's Senate testimony Monday of Rights and Freedoms is a "game changer."

"The government has a chance to get this right."





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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

June 07, 2016 8:30 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: C-14

From:

Sent: June 6, 2016 8:57 PM

To: Wilson-Raybould, Jody - M.P.;

Subject: C-14

The Hon. Jody. Wilson-Raybould

Minister of Justice.

Dear Mrs. Wilson-Raybould,

I write to commend you for what you said last week in the Senate in support of C-14. I think the Bill has serious faults. I wish your Government had done more to defend the conscience rights of doctors and medical practitioners and think it right that the federal Parliament should protect those Charter rights, and I wish the bill did more to insist upon a psychiatric assessment of those opting for an assisted suicide. But the things you have said last week against Advance Directives and in support of the requirement that natural death be foreseeable were important and finely said. Your insistence that C-14 must be Charter compliant but need not follow Carter in the way that Senator Joyal and others demanded seems to me to be exactly right.

I wish you success in withstanding the opponents of C-14.

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

June 07, 2016 8:31 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: C-14

From:

Sent: June 6, 2016 9:42 PM **To:** Wilson-Raybould, Jody - M.P.

Cc: Joyal, Serge :Sen **Subject:** Fw: C-14

Dear Minister,

I meant also to quote Mr. Lincoln, who said that "if the policy of the government upon vital questions affecting the whole people, is to be irrevocably fixed by the decisions of the Supreme Court , the instant they are made . . . the people will have ceased to be their own rulers . . . "

Regards,

----- Forwarded Message -----

From:

To: "Joay.wilson-Kaybould@parl.gc.ca" < Jody.Wilson-Raybould@parl.gc.ca>;

Sent: 06/06/2016 8:57:11 PM

Subject: C-14

The Hon. Jody. Wilson-Raybould

Minister of Justice.

Dear Mrs. Wilson-Raybould,

I write to commend you for what you said last week in the Senate in support of C-14. I think the Bill has serious faults. I wish your Government had done more to defend the conscience rights of doctors and medical practitioners and think it right that the federal Parliament should protect those Charter rights, and I wish the bill did more to insist upon a psychiatric assessment of those opting for an assisted suicide. But the things you have said last week against Advance Directives and in support of the requirement that natural death be foreseeable were important and finely said. Your insistence that C-14 must be Charter compliant but need not follow Carter in the way that Senator Joyal and others demanded seems to me to be exactly right.

I wish you success in withstanding the opponents of C-14.

Page 690 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

March 2016

Dear Jody,

I am concerned about the protection of the vulnerable as well as conscience rights for Canadian physicians. I know that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case.

I want more action on protection for physicians' conscience rights. I consider referral, even to a third party to be a type of participation. What about the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities?

Recommendations that would provide access to assisted suicide for minors (by 2019), those who may be depressed, suffer from mental health issues or other vulnerable persons are especially offensive.

Pierre Trudeau's Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then potential future patients like me will be unable to find the kind of doctor that I would like to have.

In all future elections, myself and other like-minded Canadians will consider whether you acted on these concerns.

Warm Regards,

s.19(1)

STREDELA JUSTICE

B HAY I b A 8: 02

Elected Official

Minister of Justice

Honomoble Judy Wilson-Raybould

Minister of Justice & Attorney General of Carada

284 Wellington Street

Ottora, ON

KIA OH8

R16-012718 May 13

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-14-16 4:23 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: I support protecting conscience rights & protecting the vulnerable.

s.19(1)

From:

Sent: April 14, 2016 1:22:58 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.

Subject: I support protecting conscience rights & protecting the vulnerable.

Dear Minister Wilson-Raybould,

Subject to further consideration of Bill C-14, I have the following comments.

Above all: we are all subject to God's Law, whether we believe in it or not. "Thou shalt not kill" - Exodus chap 20, verse 13. Our Lord fulfilled the Law. Christ is King, whether or not we believe in it. All nations are subject to His Law. If we disobey His Law, as we already are with abortion, there will be consequences.

I am writing you to express my concerns about the protection of the vulnerable as well as conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia. While I am opposed to any form of assisted suicide I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case.

I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' conscience rights. I consider referral, even to a third party to be a type of participation. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities.

I am particularly distressed by recommendations that would provide access to assisted suicide for minors (by 2019), those who may be depressed, suffer from mental health issues or other vulnerable persons. Why are we not striving to provide greater support for these individuals as well as access to palliative care for all Canadians?

I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. There are undoubtedly other ways to ensure that the request of the patients who choose these procedures is respected. It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide physician assisted death. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close should these recommendations be included in future legislation.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

s.19(1)

I16-10562 MCU- File 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-14-16 4:11 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Assisted dying legislation

From:

Sent: April 14, 2016 3:49 PM To: Trudeau, Justin - Député Cc: Wilson-Raybould, Jody - M.P. Subject: Fwd: Assisted dying legislation

Prime Minister Trudeau,

I have written to my MP and am forwarding my concern to you re the law on assisted dying which was Excluding "advance consent" seems to be a compromise position and is introduced in Parliament today. inconsistent with the decision of the Supreme Court.

Public opinion seems far ahead of Parliament on this issue. I hope to see a more coherent and Charter compliant piece of legislation when Bill C-14 finally becomes law.

Respectfully,

Sent from my iPad

Begin forwarded message:

From:

Date: April 13, 2016 at 5:22:46 PM ADT

To: Robert.Morrissey@parl.gc.ca Subject: Assisted dying legislation

Mr. Morrissey,

I am writing to you as a constituent concerning the Assisted Dying Law being brought forth in Several recommendations of the joint parliamentary committee are Parliament tomorrow. Of particular concern is the absence of "advance consent", which would allow excluded. access for those diagnosed with dementia or Alzheimer's. These are irremediable medical conditions that cause enduring suffering and speak to the necessity of advance Surely this is a Charter right which must be upheld in this legislation. I expect the Government to rethink this and do the right thing. Sincerely,

Sent from my iPad

MCURLL/MCUEDI

C/W R16-009448

Ministerial Correspondence Unit - Justice Canada

From:

Sent: To:

ADDI-14-10 1:51 PM

Subject:

Ministerial Correspondence Unit - Justice Canada

Feedback on Bill c-14

Minister Willson-Raybould,

I noticed on the news today that Bill C-14 was tabled for discussion in the House today.

I want to commend the government for making this a free vote and also for sending it to committee prior to it coming to law. I also want to commend the government for its respect for the Supreme Court and the directives given.

I am also pleased to see that feedback was taken into consideration and that the bill specifically has accounted for the exclusion of minors and the persons of mental illness.

I agree with you that this is a complex issue and raises deep moral, ethical issues and I believe it to be deeply unfortunate that there are only 5 short weeks to move this through both houses of Parliament! (Any possibility of an extension I think should be pursued so that we have opportunity to get this right).

I have read the full 18 pages of the text of the bill and have some signification concerns that I want to raise for consideration.

- 1. My most significant concern is the complete absence of protection of conscience rights for physicians and health care providers to abstain from participation on the basis of their convictions. The charter of rights needs to apply to both patients who desire to end their own lives and health care professionals.
- 2. My second concern is the extension of the decision making power to nurse practitioners. I have followed the bill in Quebec with interest and I note that they have very purposefully not gone down this route. I wonder as to the logic of this and to the elevation of NP's to the decision making level of physicians (this is not a denigration of nursing practitioners in any way - simply to say that a doctor has much more extensive training and history with a person, particularly around the ethics of complex decision making).
- 3. My third concern is that no linkages or mention of any increase in the provision of adequate palliative care. We need a national palliative care strategy that moves forward in concurrence with this legislation (which again speaks to the issue of the rushed nature of this bill).

I would ask that you raise these issues for consideration in the pubic debate and push for specific inclusion of conscience rights for health care providers.

I thank you for your personal engagement in this very important issue and for your ongoing service and leadership.

With thanks,



R16-012713 MOUFDB 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-14-16 8:50 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: I support protecting conscience rights & protecting the vulnerable.

From:

Sent: April 14, 2016 5:50:19 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.

Subject: I support protecting conscience rights & protecting the vulnerable.

Dear Minister Wilson-Raybould,

As a physician caring for patients in and out of hospital, many with serious or terminal chronic lung disease, I am writing you to express my concerns about the protection of the vulnerable as well as conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia. While I am opposed to any form of assisted suicide I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case.

I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' conscience rights. I consider referral, even to a third party to be a type of participation. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities.

I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. There are undoubtedly other ways to ensure that the request of the patients who choose these procedures is respected. It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide physician assisted death. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close should these recommendations be included in future legislation.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

R16-10843

MCUED 2

Ministerial Correspondence Unit - Justice Canada

1400 13

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-14-16 12:35 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Assisted Dying Bill

----Original Message-

From

Sent: April 14, 2016 12:33 PM To: Wilson-Raybould, Jody - M.P. Subject: Assisted Dying Bill

Dear Minister Wilson-Raybould,

Please accept my sincere thanks for tabling this very important legislation today.

Because of where we live we

had the benefit of the very best medical care including access to all the latest and treatments, access to individual and family support from our prostate cancer support centre, and finally access to home care and palliative care teams.

At a certain point,

knowing that one has the choice of receiving medical help to end one's suffering, because it IS suffering, no matter how well controlled one's symptoms are, is an incredibly important thing. Our Supreme Court has ruled that it is a charter right in Canada. It is not that every person will want or choose this option but just the knowledge that the choice exists will be a great relief to those in this unfortunate situation. I know that you will be having a very busy time going forward with this legislation and that you will be hearing from many Canadians with strong opinions many of whom will be opposed to your legislation. I know my late husband would want me to share our experience and opinion on the matter with you so that you are confident that what you are doing is the right thing to do for Canadians. I am reassured that ongoing investigations and dialogue will fine tune the criteria and procedures outlined. Again thank you for developing and presenting this important legislation.

Sincerely,

D16 - 008 758 MWED8

MINISTER OF PRINCE MENOUS PELLA CIETARE

April 14, 2016

0.000 M 207 ESS

2016 157, 28 / 9:51

The Honourable Jody Wilson-Raybould, P.C., M.P. Minister of Justice and Attorney General of Canada 284 Wellington Street Ottawa, Ontario K1A 0H8

The Honourable Jane Philpott, P.C., M.P. Minister of Health Health Canada 70 Colombine Driveway, Tunney's Pasture Ottawa, Ontario K1A 0K9

Dear Minister Wilson-Raybould and Minister Philpott:

Congratulations on the tabling of Bill C-14 today. supports the decision to give further and careful consideration to the inclusion of mental health issues. We look forward to being able to support you in this matter.

Following careful consideration of the Special Joint Committee report on medical assistance in dying, as well as other key reports relevant to this issue, the has prepared a policy brief outlining considerations and recommendations for regulating and sateguarding the vulnerabilities of people living with mental health problems and illnesses, as well as their caregivers and medical professionals.

this policy brief was drafted in consultation with our (made up of people living with mental health problems and ninesses), and encompasses their diverse perspectives and lived experiences. Stemming from these consultations, the is pleased to put forth crucial considerations specific to people living with mental illness that may help inform the federal government's framework for medical assistance in dying.

Our recommendations highlight the vital importance of suicide prevention efforts and increased and equitable access to recovery-oriented treatment services. Given the inherent complexity of the issues surrounding medical assistance in dying, the emphasizes the importance of a slow and cautious approach to including mental illnesses in Canada's legislation framework for medically assisted dying.

The ______also recommends that if and when the legislation is amended to include mental health considerations that adequate time be allowed to observe and assess the impact of guidelines during and after implementation to ensure their efficacy and safety for all populations. Within the context of ongoing and future work in this area, we encourage and support all efforts to engage with First Nations, Inuit, and Métis in order to better understand the implications of this legislation for those communities.

Thank you for your consideration of these important issues.

Sincerely,

Encl.

Pages 701 to / à 711 are withheld pursuant to section sont retenues en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

Divulgé(s) en vertu de la Loi sur l'accès à l'information R16- 612809

MCVED5 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@part.gc.ca>

Sent:

April-15-16 12:18 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: [psychiatry-research] News: Canada's new assisted suicide bill doesn't allow visitors

(2 e-m.2)

From:

Sent: April 15, 2016 12:08 PM

To: Philpott, Jane - M.P.; Wilson-Raybould, Jody - M.P.

Cc:

Subject: Re: [psychiatry-research] News: Canada's new assisted suicide bill doesn't allow visitors

Dear Ministers Philpott and Raybould:

If visitors are not allowed, what is the proof that the euthanasia was administered lawfully?

The patient is still protected by constitutional rights to "fundamental justice" and "rule of law" up to death and even after death (desecration of bodies is illegal).

For example, are doctors or nurses allowed as witnesses? Is an audio-video tape allowed as witness?

- Original Message -----

From:

To:

Sent: Thursday, April 14, 2016 9:25 PM

Subject: [psychiatry-research] News: Canada's new assisted suicide bill doesn't allow visitors

Canada's new assisted suicide bill doesn't allow visitors

April 14, 2016 by By Rob Gillies in Medicine & Health / Other

Canada's Health Minister Jane Philpott, right, speaks as Justice Minister Jody Wilson-Raybould listens at a news conference in Ottawa on Thursday, April 14, 2016. Canada has introduced a new assisted suicide law that will only apply to Canadians and residents, meaning Americans won't be able to travel to Canada to die. Visitors will be excluded under the proposed law announced Thursday, precluding the prospect of suicide tourism. Canadian government officials said to take advantage of the law the person would have to be eligible for health services in Canada. (Adrian Wyld / The Canadian Press via AP) Canada on Thursday introduced a new assisted suicide law that will apply only to citizens and residents, meaning Americans won't be able to travel to Canada to die. Canadian government officials said a person would have to be eligible for health services in Canada to take advantage of the law, which applies to "adults who are suffering intolerably and for whom death is reasonably foreseeable." It says the person must be mentally competent, 18 or older, have a serious and incurable disease, illness or disability and be in an advanced state of irreversible decline of capability. Canada's Supreme Court last year struck down laws that bar doctors from helping someone die, but put the ruling on hold while the government came up with a new law. The proposed law still requires

Justice Minister Jody Wilson-Raybould said the law ensures that dying patients who are suffering unbearable pain have the choice of a peaceful death. Health Minister Jane Philpott, a doctor, said she has witnessed some people die miserably.

"This will have a positive, significant impact on the lives of Canadians," Trudeau said. "It is important to respect the choices made by Canadians."

approval in Parliament but is expected to pass, as Prime Minister Justin Trudeau's Liberal

Canada's Justice Minister Jody Wilson-Raybould speaks at a news conference in Ottawa on Thursday, April 14, 2016. Canada has introduced a new assisted suicide law that will only apply to Canadians and residents, meaning Americans won't be able to travel to Canada to die. Visitors will be excluded under the proposed law announced Thursday, precluding the prospect of suicide tourism. Canadian government officials said to take advantage of the law the person would have to be eligible for health services in Canada. (Adrian Wyld /The Canadian Press via AP)

But Shanaaz Gokool of Dying with Dignity Canada, an organization promoting assisted suicide laws, said the law doesn't go far enough. She noted that a 16-year-old with cancer would not get a choice and that the law excludes people who have received a diagnosis of dementia or Parkinson's from making a request in advance for assisted suicide.

"We are deeply disappointed," Gokool said.

government controls the majority of seats.

Assisted suicide is legal in Switzerland, Germany, Albania, Colombia, Japan and the U.S. states of Washington, Oregon, Vermont, New Mexico and Montana. California lawmakers also passed legislation, expected to take effect in June, where proof of California residency is required.

Anne Singer, a spokeswoman for Compassion & Choices, a nonprofit that promotes assisted suicide laws, said all U.S. states with assisted suicide laws have residency requirements.

Canada Health Minister Jane Philpott speaks at a news conference in Ottawa on Thursday, April 14, 2016. Canada has introduced a new assisted suicide law that will only apply to Canadians and residents, meaning Americans won't be able to travel to Canada to die. Visitors will be excluded under the proposed law announced Thursday, precluding the prospect of suicide tourism. Canadian government officials said to take advantage of the law the person would have to be eligible for health services in Canada. (Adrian Wyld /The Canadian Press via AP)

Oregon was the first U.S. state to make it legal for a doctor to prescribe a life-ending drug to a terminally ill patient of sound mind who makes the request. The state does not track how many terminally ill people move to the state to die. There is no minimum residency requirement, but a patient must prove residency to a doctor with documentation such as a rental agreement or a driver's license.

Germany's law applies to Germans and foreigners alike. Switzerland's law is valid for everyone in Switzerland, and people who take part in assisted suicides are not required to be residents or citizens, according to Justice Ministry spokesman Bernardo Stadelmann.

The Netherlands, Belgium and Luxembourg allow doctors, under strict conditions, to euthanize patients whose medical conditions have been judged hopeless and who are in great pain.

To get a doctor's help under Canada's proposed law, written request is required either from the patient or a designated person if the patient is incapable. The request would need to be signed by two independent witnesses. Two independent physicians or authorized nurse practitioners would have to evaluate it, and there would be a mandatory 15-day waiting period unless death or loss of capacity to consent was imminent.

Before the Supreme Court decision last year, it had been illegal in Canada to counsel, aid or abet a suicide, an offense carrying a maximum prison sentence of 14 years. But the top court said doctors are capable of assessing the competence of patients to consent, and found there is no evidence that the elderly or people with disabilities are vulnerable to being talked into ending their lives.

Quebec passed legislation last year after the court's decision, and Canadian judges elsewhere have given individual patients permission for assisted deaths.

The archbishop of Toronto, Cardinal Thomas Collins, called assisted suicide "killing."

"If we don't know the difference between helping a person medically when they are naturally dying and causing them to die, I think our society has lost its moorings," Collins said in an interview with

The Associated Press. "That's very troubling. That's down a dark path when you describe somethin in a soothing way."	ıg
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"Canada's new assisted suicide bill doesn't allow visitors" April 14, 2016 http://medicalxpress.com/news/2016-04-canada-suicide-bill-precludes-tourists.html	,
Posted by Robert Karl Stonjek	
Posted by: "Robert Karl Stonjek" <rstonjek@bigpond.net.au> *</rstonjek@bigpond.net.au>	\$
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s.19(1)

Ministerial Co	orrespondence	Unit - Justice	Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 9:36 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Witnessing due process of law in legalized killing of human beings

r emails

From:

Sent: April 15, 2016 4:32 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Cc:

Subject: Witnessing due process of law in legalized killing of human beings

What objective witnessing of execution for felons would you provide to assure that constitutional and rule of law conditions are met if capital punishment should be reinstated?

What do other countries provide in this respect?

What do senior citizens in the Senate say with respect to both questions above? Also, how would THEY want to be treated in the circumstances of a Canadian about to be killed by euthanasia? Does the Golden Rule have any relevance?

Does the Canadian military still use firing squads and if so, there are witnessing criteria to be gleaned from them as well and perhaps Senator Dr Campbell's military background will be helpful.

Original Message

From:

To:

Sent: Friday, April 15, 2016 10:31 AM

Subject: [CANADIAN_CONSTITUTION] Fw: [LIFE-LIBERTY-SECURITY] Canada's new assisted suicide bill doesn't allow visitors - does it allow objective witnessing?

---- Original Message -

From: 'CANOPOLIS' canopolis@shaw.ca [LIFE-LIBERTY-SECURITY]

Cc:

Sent: Friday, April 15, 2016 10:26 AM

Subject: [LIFE-LIBERTY-SECURITY] Canada's new assisted suicide bill doesn't allow visitors - does it allow objective witnessing?

If no witnessing/evidence during the euthanasia is allowed for later justice proceedings, this is the only time in the history of a body. And is the witnessing likely to be biased? What assures scientific and legal objectivity? Even the

			s.19(1)	•
Original Message				
rom:				
o:				
ent: Friday, April 15, 2016 9: ubject: [FUTURE-CITIES] Fv uicide bill doesn't allow visitor	w: [LIFE-LIBERTY-SEC	URITY] Re: [psychiatry	-research] News: Canada'	s new assisted
				,
Original Message				
rom: o: jane.philpott@parl.gc.ca ; j	iodv.wilson-Ravbould@	pan.gc.ca		
C:			·	
i ent: Friday, April 15, 2016 9: B ubject: [LIFE-LIBERTY-SEC isitors	URITY] Re: [psychiatry	-research] News: Cana	da's new assisted suicide	bill doesn't allow
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Pear Ministers Philpott and Ra	aybould:			
visitors are not allowed, wha	t is the proof that the eu	uthanasia was administ	ered lawfully?	
The patient is still protected by		"fundamental justice" a	and "rule of law" up to deat	h and even after
leath (desecration of bodies is	s illegal).			8
or example, are doctors or nu	urses allowed as witnes	ses? Is an audio-video	tape allowed as witness?	
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Original Message				
From:				
To Sent: Thursday, April 14, 20°	46 0:26 DRA			•
Subject: [psychiatry-research	h] News: Canada's new	assisted suicide bill do	esn't allow visitors	
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corpse under autopsy by Dr Campbell has fundamental justice and rule of law rights. Exhuming is also done by rule of law.

|| Canada's new assisted suicide bill doesn't allow visitors

April 14, 2016 by By Rob Gillies in Medicine & Health / Other
Canada's Health Minister Jane Philpott, right, speaks as Justice Minister Jody Wilson-Raybould listens at a news conference in Ottawa on Thursday, April 14, 2016. Canada has introduced a new assisted suicide law that will only apply to Canadians and residents, meaning Americans won't be able to travel to Canada to die. Visitors will be excluded under the proposed law announced Thursday, precluding the prospect of suicide tourism. Canadian government officials said to take advantage of the law the person would have to be eligible for health services in Canada. (Adrian Wyld /The Canadian Press via AP)
Canada on Thursday introduced a new assisted suicide law that will apply only to citizens and residents, meaning Americans won't be able to travel to Canada to die.
Canadian government officials said a person would have to be eligible for health services in Canada to take advantage of the law, which applies to "adults who are suffering intolerably and for whom death is reasonably foreseeable." It says the person must be mentally competent, 18 or older, have a serious and incurable disease, illness or disability and be in an advanced state of irreversible decline of capability.
Canada's Supreme Court last year struck down laws that bar doctors from helping someone die, but put the ruling on hold while the government came up with a new law. The proposed law still requires approval in Parliament but is expected to pass, as Prime Minister Justin Trudeau's Liberal government controls the majority of seats.
Justice Minister Jody Wilson-Raybould said the law ensures that dying patients who are suffering unbearable pain have the choice of a peaceful death. Health Minister Jane Philpott, a doctor, said she has witnessed some people die miserably.
"This will have a positive, significant impact on the lives of Canadians," Trudeau said. "It is important to respect the choices made by Canadians."
Canada's Justice Minister Jody Wilson-Raybould speaks at a news conference in Ottawa on Thursday, April 14, 2016. Canada has introduced a new assisted suicide law that will only apply to Canadians and residents, meaning Americans won't be able to travel to Canada to die. Visitors will be excluded under the proposed law announced Thursday, precluding the prospect of suicide tourism. Canadian government officials said to take advantage of the law the person would have to be eligible for health services in Canada. (Adrian Wyld /The Canadian Press via AP)

But Shanaaz Gokool of Dying with Dignity Canada, an organization promoting assisted suicide laws, said the law doesn't go far enough. She noted that a 16-year-old with cancer would not get a choice and that the law excludes people who have received a diagnosis of dementia or Parkinson's from making a request in advance for assisted suicide.

"We are deeply disappointed," Gokool said.

Assisted suicide is legal in Switzerland, Germany, Albania, Colombia, Japan and the U.S. states of Washington, Oregon, Vermont, New Mexico and Montana. California lawmakers also passed legislation, expected to take effect in June, where proof of California residency is required.

Anne Singer, a spokeswoman for Compassion & Choices, a nonprofit that promotes assisted suicide laws, said all U.S. states with assisted suicide laws have residency requirements.

Canada Health Minister Jane Philpott speaks at a news conference in Ottawa on Thursday, April 14, 2016. Canada has introduced a new assisted suicide law that will only apply to Canadians and residents, meaning Americans won't be able to travel to Canada to die. Visitors will be excluded under the proposed law announced Thursday, precluding the prospect of suicide tourism. Canadian government officials said to take advantage of the law the person would have to be eligible for health services in Canada. (Adrian Wyld /The Canadian Press via AP)

Oregon was the first U.S. state to make it legal for a doctor to prescribe a life-ending drug to a terminally ill patient of sound mind who makes the request. The state does not track how many terminally ill people move to the state to die. There is no minimum residency requirement, but a patient must prove residency to a doctor with documentation such as a rental agreement or a driver's license.

Germany's law applies to Germans and foreigners alike. Switzerland's law is valid for everyone in Switzerland, and people who take part in assisted suicides are not required to be residents or citizens, according to Justice Ministry spokesman Bernardo Stadelmann.

The Netherlands, Belgium and Luxembourg allow doctors, under strict conditions, to euthanize patients whose medical conditions have been judged hopeless and who are in great pain.

To get a doctor's help under Canada's proposed law, written request is required either from the patient or a designated person if the patient is incapable. The request would need to be signed by two independent witnesses. Two independent physicians or authorized nurse practitioners would have to evaluate it, and there would be a mandatory 15-day waiting period unless death or loss of capacity to consent was imminent.

Before the Supreme Court decision last year, it had been illegal in Canada to counsel, aid or abet a suicide, an offense carrying a maximum prison sentence of 14 years. But the top court said doctors are capable of assessing the competence of patients to consent, and found there is no evidence that the elderly or people with disabilities are vulnerable to being talked into ending their lives.

Quebec passed legislation last year after the court's decision, and Canadian judges elsewhere have given individual patients permission for assisted deaths.

The archbishop of Toronto, Cardinal Thomas Collins, called assisted suicide "killing."

"If we don't know the difference between helping a person medically when they are naturally dying and causing them to die, I think our society has lost its moorings," Collins said in an interview with The Associated Press. "That's very troubling. That's down a dark path when you describe something in a soothing way."

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"Canada's new assisted suicide bill doesn't allow visitors" April 14, 2016 <u>http://medicalxpress.com/news/2016-04-canada-suicide-bill-precludes-tourists.html</u>

Posted by Robert Karl Stonjek

Posted by: "CANOPOLIS" <canopolis@shaw.ca>

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Dear Joby Wilson Paybould: (Minister of Justice)
ATTORNEY General of Conada. an olay, today I am pravied to a beautiful on horored to have met you by heavy of your aks for understanding me,

Dear belian entry Committee This letter being sent to you today involves the Severity at lenth involving the engagement of assisted killing (death). I am uphaled that the direct link tayets set by kelling the mentally have any national choice of decisio inoccit person - like aborter parenthood, (the sellipsof baly parts) genocide goes beyond value, it goes beyond love of reighbor, + goes beyond love of Delf- and your tuse alglemens as an excuse et goes beyond Spiritual Concience I god in the paper (Catholic Register) of Britans nowy forward a gentually modified labies de well

We have gone completely away from Morals & Ethics of Common Psychology 101. This too a destruction of embryo's is not glamorous, Stemacl "and two completely of poste but yet you expect your cont see that you are doing he has already exposed it belind it - I I will no longer be Silent This is wrong will to the core, shane on you all! Shone on you! * Sisters, I ask you today to serve your minds we mind, to reform your lives & even and ask The Freby ban and a removal of this key, that y end of all Court of Canada make a purpose of amendment to all unrighteourress of give you his peace by the enteression of John faul the Second grant you the grace to live holy i upright lives. May Ibd Bless you

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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

April-15-16 1:06 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Approval-in-advance; Right-to-die legislation

From:

Sent: April 15, 2016 12:57 PM

s.19(1)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. Cc: Trudeau, Justin - Député; Goodale, Ralph E. - M.P. Subject: Approval-in-advance; Right-to-die legislation

Eminent Ministers:

I applaud the fortitude and discipline shown in bringing forward the right-to-die legislation and the government's willingness to debate it fully, both in the House and with the public.

I am quite dismayed that approval-in-advance is excluded from the right-to-die legislation. In fact, based on ethics, it makes no sense at all. By granting the 'in-advance' decision, each individual who exercises it takes the decision away from everyone else. All that really needs to be decided is the 'when'. Sound legislation, in my view, would require that the person making the advanced notice decision, stipulate what their particular criteria are. Of course, they would have to be reasonable. Since suicide is not illegal, pre-planning to end one's own life at a time when the individual deems it to be no longer worth living shouldn't face any greater stricture. I can't imagine anyone wishing death upon themselves except when hope of a productive, meaningful life has evaporated.

That leads me to another point, this one postulated by the philosophy of 'reverence for life'. An unemotional description of that philosophy is 'why cut down a tree when one can walk around it?' although, to be fair. was applying it to all life. However, I don't think would object to cutting down a tree turning hollow by insects, disease or other ravages by nature...whatever form that could take. (Take this as part of the 'yin and yang' of my own thinking.)

I fear the government has made this issue more difficult than it needs to be. For those who want to die 'naturally', they simply withhold the decision and so be it. For those who prefer for any number of reasons to opt for assisted death, it binds only them...and that is their Charter right. Constitutionally, it upholds an individual's rights and freedoms...of choice.

Now, concerning challenges from those in opposition to this and especially the Conservatives. I find it ironic that on every matter they cite costs and economics, except on this issue...and incarceration. Its my sense that countering such challenges be argued on the basis of funding for greatest need; that is, to preferably spend medical dollars - saved by granting a person the right to assisted death - in favour of matters vital to those needing 'right-to-life' opportunities, be it in the form of medical, educational, etc. interventions.

With kind regards, I am

Sincerely,

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s.19(1)

Minister of Justice

The Honourable Jody Wilson Ray bould

Thinister of Justice and attorney

Meneral Canada

184 Wellington Street.

Ottowa ON KIA OH8

Dear Grinister Wilson Ray bould;

enjoyed and dedicated my service to seek people in the past. I had a great satisfaction in helping the sick and the suffering. Some of their got better and some died, however me misses were there to care + case their suffering by medicate and first being with them to allemate their pains. I don't believe that any body has the right to end life. Itod has given our life and it is also Itod who can end it.

of the Commons. Sounde Committee on Physician assult Death do not adequately protect doctors conscience right. A referral, even to a third party, is a form of participation. It is deeply distussing that Canada would allow access to assisted suicide for minors, those suffering from depression and Other mental health issues and other mentale people. Why are we not providing greater support for this people and access to palliative care for all landing?

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This legislation could result in doctors being forced out of practice and the closure of some available institutions - a reality that will affect many more lunadiain in need of health care

Please Ewe fully my eculerus as these policy deliberations are conducted. I request that rubations legis lation is developed respects and protects the rullmable as much as the conseiner right of lowadian physician, o that health care providers and abjecting facilities.

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Minister Wilson Ray bould minister of Justice 784 Wellington Street Ottown Ontain KIA OH8



Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'informatio

RIG-013243 MCUED3 HOOB J.A april 15, 2016.

The Honorable Jody Wilson -

Minister of Justice and HANGIER OF JUSTICE
Meneral of Canada 2016 APR 24 P 2:32

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Ottown ON KIA OH8

Dear Minister Wilson-Raybould,

I am loneserred about the protection of vulnerable people in society as well as well as sometimes who trefuse to participate in assisted suicide! eithonasia. While I am opposed to any form of assisted sincide, I recognize the government must prepare legislation on this issue following a recent Supreme bount decision.

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of the Commons. Senate Committee on Physician
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am also troubled by the recommendation that
facilities should not be allowed to opt sent
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being forced by the State to act against their moral or religious Convictions. There are certainly alternation ways to respect the patient's request without Compelling dedicated physicians to face professional disciplinary lection simply because they wish to fallow their Conscience or forcing the closere of facilities that cannot provide Soctor- resisted death.

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Please larefully consider my concerne as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Conadian physicians, other health care providers and objecting facilities.

Sincerely,

s.19(1)

The Honorable Jody Wilson-Raybould Minister of Justice and attornay. General of Canada 284 Wellington Street, Ottawa ON KIA OH8 s.19(1)

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

April-15-16 9:42 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

Assisted suicide/euthanasia concern

Dear Minister Wilson-Raybould,

My name is I'm concerned about the protection of vulnerable people in society as well as conscience rights for Canadian physicians who refuse to participate in assisted suicide/euthanasia. While I am opposed to any form of assisted suicide, I recognize the government must prepare legislation on this issue following a recent Supreme Court decision.

I am concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not adequately protect doctors' conscience rights. A referral, even to a third party, is a form of participation. I am also troubled by the recommendation that facilities should not be allowed to opt-out of providing physician-assisted death in their facilities; It is deeply distressing that Canada would allow access to assisted suicide for minors, those suffering from depression and other mental issue, and other vulnerable people.

Why are we not providing greater support for these people and access to palliative care for all Canadians?

I believe the Canadian Charter of rights and Freedoms protects Canadian citizen from being forced by state to act against their moral or religious convictions. There are certainly alternative ways to respect the patient's request without compelling dedicated physicians to face professional disciplinary action simply because they wish to follow their conscience or forcing the closure of facilities that cannot provide doctor-assisted death.

This legislation could result in doctors being forced out of practice and the closure of some available institutions – a reality that will affect many more Canadians in need of health care.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-15-16 1:05 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Opposition to Physician-assisted suicide

s.19(1)

From:

Sent: April 15, 2016 12:36 PM To: Wilson-Raybould, Jody - M.P.

Cc: Trudeau, Justin - Député; Ambrose, Rona - M.P.; Mulcair, Thomas - Député; Oliver, John - M.P.; Damoff, Pam - M.P.;

Nicholson, Robert Douglas - M.P.; Rankin, Murray - M.P.; Anderson, David L. - M.P.

Subject: Opposition to Physician-assisted suicide

Honourable Minister Wilson-Raybould:

I am writing to express my strong opposition to the recommendations made by the Special Joint Parliamentary Committee on "Physician-Assisted Dying" including:

-the desire to allow access to Assisted Suicide for minors (by 2019), those who may be suffering from mental health issues or other vulnerable persons.

-the ability for those diagnosed with conditions like dementia to preschedule their death.

-the requirement that doctors who refuse to kill their patient must make sure someone else does it.

I am opposed to any form of assisted suicide and am gravely concerned that the current recommendations will offer no protection to the vulnerable as well as deny conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia.

I would like to draw your attention to a prophetic article written by Varda Burstyn ("Breeding Discontent", Saturday Night magazine, June 1993).

As part of the 1990 Canadian Royal Commission on New Reproductive Technologies, she was sent to Germany to investigate the strong opposition to reproductive and genetic engineering that had arisen there at the time. In her article, she asked the question. Are the new reproductive technologies offered to women in Canada a revival of the eugenic practices of the Nazis? She questioned the severity of the potential consequences of these technologies as measured against their limited gains.

In her article, she mentions attending a guest lecture by Udo Sierck, a historian of Nazi Eugenics. In this lecture, he cited the Nazi propaganda film "Ich klage an" (I accuse), viewed by 18 million Germans in 1941. The plot concerns a woman who discovers she has Multiple Sclerosis. She deteriorates rapidly and then begs her doctor husband to help her put an end to her life. The doctor, who assists his wife in committing suicide, only to stand trial, is depicted as a hero. There is a subplot woven in with the story of a baby born with a similar though unspecified condition. The film equates the situation of the terminally ill adult with that of the disabled newborn and if euthanasia is good for the first scenario, then it must be the same for the second.

The US Holocaust Memorial Museum cites this film:

http://www.ushmm.org/learn/students/learning-materials-and-resources/mentally-and-physically-handicappedvictims-of-the-nazi-era/euthanasia-killings

http://www.ushmm.org/learn/students/learning-materials-and-resources/mentally-and-physically-handicapped-victims-of-the-nazi-era/forced-sterilization

Some may see the Third Reich as "a worst-case scenario", but I cannot help but think of the Canadian made-for-television movie starring actress Wendy Crewson about Sue Rodrigues' crusade for her own assisted suicide. She was similarly portrayed as a hero championing the "dying with dignity" cause. The parallel is chilling.

With no abortion law in Canada (i.e. no protection for the unborn, the most vulnerable), the recommendations of the Commons-Senate Committee on "Physician-assisted death" are the beginning of a very slippery slope.

The Nazi's propaganda campaign which included the film "Ich klage an", led to the so-called "euthanasia" program which in the end, did not relieve the suffering of the chronically or terminally ill, but exterminated the mentally ill and handicapped "to cleanse the Aryan race of genetically defectives and those considered a financial burden to society." ("Euthanasia" killings, US Holocaust Memorial Museum - see link above) The false sense of compassion extolled in this propaganda film veiled the Nazi agenda to convince the German population that the physically disabled and mentally ill were "useless eaters" and "life not worthy of life". What began with forced sterilizations ended with euthanasia and the systematic killing of the most vulnerable in German society.

Canada has plenty of skeletons in its own parliamentary closets; its own dark past with eugenics: Alberta's Sexual Sterilization Law (1928), the Alberta Eugenics Board, Provincial Training Schools for Mental Defectives, British Columbia's Sexual Sterilization Law (1933), the Eugenics Society of Canada (ESC – 1930), the Mrs. E vs. Eve case in Manitoba (1990).

Equally disturbing are recent comments made by Queen's University bioethicist Udo Schuklenk, former chair of the Royal Society of Canada's panel on end-of-life decision-making, on the proposed new federal law: "It is disappointing that the Liberal government continues the former Harper government's tradition of ignoring Supreme Court decisions. This legislation would not withstand a charter challenge by a competent, not terminally ill patient who suffers an irreversible medical condition that renders their life not worth living." (J. Bryden, The Canadian Press, April 14, 2016)

Who decides that a life is not worth living?

To what extremes will we here in Canada go with assisted suicide?

The Federal Government's legislation must respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action because they wish to follow their conscience or to force the closure of facilities that cannot provide physician-assisted death. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close. Such a violation of conscience is unconstitutional.

Why are we not striving to provide greater support for individuals chronically or terminally ill (i.e. improved patient services, mental health care and support for people with disabilities, access to palliative care) for all Canadians rather than assisted suicide?

Who is next on the Joint Committee's Parliamentary	physician-assisted hit list?	Diabetics and epileptics?
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N-P. RIIB-010917 WUNEDS

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent:

April-16-16 11:16 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

s.19(1)

>>> From :

Received: 08 Apr

2016 10:33:44 AM >>>

>>> Subject: EUTHANASIA/ASSISTED SUICIDE >>>>

Prime minister Justin Trudeau,

I am concerned about the protection of vulnerable people in society as well as conscience rights for Canadian physicians who refuse to participate in assisted suicide/euthanasiaWhile I am opposed to any form of assisted suicide, I recognize the government must prepare legislation on this issue following a recent Supreme Court decision.

I am concerned that the recommendation of the Commons-Senate Committee on Physician Assisted Death do not adequately protect doctors'

conscience rights. A referral, even to a third party, is a form of participation, I am also troubled by the recommendation that facilities should not be allowed to opt-out of providing physician-assisted death in their facilities. It is deeply distressing that Canada would allow access to assisted suicide for minors, those suffering from depression and other mental health issues, and other vulnerable people.

Why are we not providing greater support for these people, and access to palliative care for all Canadians?

I believe the Canadian Charter of Rights and Freedoms protects Canadian citizens from being forced by the state to act against their moral or religious convictions. There are certainly alternative ways to respect the patient's request without compelling dedicated physicians to face professional disciplinary action simply because they wish to follow their conscience of forcing the closure of facilities that cannot provide doctor-assisted death.

This legislation could result in doctors being forced out of practice and the closure of some available institutions - a reality that will affect many more Canadians in need of health care.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Sincerely,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

Prime Minister/Premier Ministre < PM@pm.gc.ca> Sent: April-16-16 1:13 PM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C.,M.P.

Subject: Office of the Prime Minister / Cabinet du Premier ministre

From:

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From: Received: 08 Apr 2016 10:59:42 AM >>>

>>> Subject : PM Web Site Comments - Justice and Attorney General of Canada >>>>

Date: 2016/4/8 10:59:13

Name/Nom :

E-Mail/Adresse électronique :

Comments/Commentaires: Dear Prime Minister Justin Trudeau, I am writing you to express my concerns about the protection of the vulnerable as well as conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia. While I am opposed to any form of assisted suicide I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case. I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' conscience rights. I consider referral, even to a third party to be a type of participation. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities. I am particularly distressed by recommendations that would provide access to assisted suicide for minors (by 2019), those who may be depressed, ' suffer from mental health issues or other vulnerable persons. Why are we not striving to provide greater support for these individuals as well as access to palliative care for all Canadians? I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. There are undoubtedly other ways to ensure that the request of the patients who choose these procedures is respected. It is not necessary to make dedicated physicians put their careers on the line and open themselves to

professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide physician assisted death. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cann

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April 16, 2016

Honourable Jody Wilson-Raybould Justice Minister House of Commons Ottawa, Ontario K1A 0A6 MMISTER OF JUSTICE JENSTRE DE LA JUSTICE ZIL MAY -2 A 70 M I RECEIVED/DEÇU

Dear Honourable Jody Wilson-Raybould,

I am writing to you today because I am very concerned about the Supreme Court of Canada's decision to decriminalize assisted death. Taking the life of a human being is innately wrong. There is an attitude in our world that is unaffected by taking a life deemed expendable. The Supreme Court has given Parliament insufficient time to come up with a new law which will protect people with disabilities, elders, depressed and suicidal people, and others. How can euthanasia, once considered a war crime, now be considered an act of compassion? I urge you to please ensure this new law protects these vulnerable people from euthanasia and/or assisted suicide. It is not safe to enable another person to be involved with the deliberate killing of another person. Evidence is overwhelming that safeguards do not work. "Safeguards" cannot stop human nature from being ill intentioned or making mistakes. It's the very reason capital punishment was eradicated in most parts of the Western World. Vulnerable people need better palliative care, not the false compassion of killing. Palliative care neither hastens nor prolongs death. It uses medicine to alleviate pain and control symptoms. Most of Canada's palliative care doctors want nothing to do with assisting people to commit suicide. Assisted suicide is not health care.

One of the four pillars of a doctor's Hippocratic Oath is to never do harm, and doctors are to honour this. Most doctors do not consider killing their patient, or sending their patient to be killed, as providing care, because killing is not a treatment for the overwhelming majority of physician and medical associations around the world. It is unacceptable to put our health care professionals in situations where they must assist in the death of their patients, against their medical judgement and their professional conscience. Please do not require a physician, who by conscience is opposed to euthanasia, to refer patients to a doctor who would perform this fatal act.

Euthanasia threatens all of us by potentially compromising the medical community's unwavering commitment to each person's life. When the administration of death via a lethal injection becomes a medical option, it presents a temptation to forfeit the harder, more expensive rehabilitation treatments for the patient. Every Canadian citizen is at risk from this judgement. It is a subtle, even unspoken pressure on those in a weakened state to accept medically induced death rather than to burden the system, their families, and their doctors. Patients will feel that it is their duty to die! Euthanasia and assisted suicide are not private matters. These acts involve physicians, nurses, pharmacists, family and friends who then have to carry the guilt of having killed another human being. If euthanasia must become legalized in

some form, please include some form of consultation with family when a patient requests euthanasia or assisted suicide. Other options may be brought forward and it may save a life! Our society has always reached out to suicidal citizens who need help in living, not help in dying. People choosing to die while temporarily depressed, or in pain, or even in fear of unbearable pain, should instead be receiving proper medical attention.

The fear of dying a painful death for those with incurable disease is a very natural fear.

Thankfully with the advances in palliative care, and in pain management, most pain is either

controlled or totally eliminated.

Palliative care is a truly compassionate care of the dying and should be receiving the support of the public's attention, resources and ingenuity. It offers effective reprieve from suffering, time to prepare for one's death, and a truly dignified passing from this life.

The Supreme Court of Canada has told us that it is our constitutional right to choose when to die, with certain guidelines that have yet to be defined. Please do not dismiss the millions of Canadians who disagree with the Supreme Court decision and feel that euthanasia and assisted suicide are inherently wrong. Life is very precious, and matters. Please make sure that the guidelines are as restrictive as possible and choose a path that does the least harm.

And I strongly encourage you to please also protect those in the health care professions by making sure their right not to be a part of physician assisted suicide is protected.

Regardless of what the law says we must protect everyone from being made to feel that their only choice is physician assisted suicide or euthanasia, and we can do that in large part by ensuring that palliative care is adequate and available for all. Thank you for your attention to my concerns, and I look forward to your response.

	Sincerely,
Name	
Address	s.19(1)

Honouroble Jody Wilson - Ray bould Justice Minister 284 Wellington Street Ottawa, Ontario KIA OH8

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RIG - 012914 MCVEDS 140013 34

্রাnisterial Correspondence Unit - Justice Canada

From: Sent:

April-16-16 11:26 PM

To:

Ministerial Correspondence Unit - Justice Canada; james.maloney@parl.gc.ca;

jane.philpott@parl.gc.ca

Subject:

Eligibility for Medical Assistance in Dying

Attachments: right to die.rtf

Long printed

Dear Honorable Members.

I am writing to you about the restrictiveness of subsection 241.2(2)(d) of Bill C-14, which was tabled earlier this week.

In particular, the definition of "grievous and irremediable medical condition" troubles me. Subsection 241.2(2)(d) states that the patient's "natural death (must have) become reasonably foreseeable." As far as I can tell, that means only those with terminal illnesses will be eligible for physician-assisted suicide. If someone seeking medical assistance in dying must have such a condition, that excludes entire sectors of the population, including those suffering from psychiatric conditions.

In Carter v Canada, the Supreme Court of Canada stated that "it is possible for physicians, with due care and attention to the seriousness of the decision involved, to adequately assess decisional capacity." Requiring that the patient's natural death be "reasonably foreseeable" effectively precludes physicians from using their judgment. The requirement is absolute. Also, nowhere in the decision did the Court indicate that a "grievous and irremediable medical condition" must by necessity entail a "reasonably foreseeable natural death." It only said that it is a violation of s. 7 of The Charter to prohibit assisted suicide for someone who "has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."

I have written to Parliament before on the matter of wanting to obtain physician-assisted suicide. I assure you that I am advocating primarily for myself. I want physician-assisted death, and am not trying to manipulate someone into killing themselves. As far as I am aware, no one pressing for the right to die wants the right to pressure, coerce or trick anyone into suicide, and I fully support criminalizing such an appalling deed.

If you will permit me a moment of sarcasm, since I am not terminally ill I suppose I could deliberately and severely injure myself so that my natural death would become reasonably foreseeable. But I cannot believe that the intent of Bill C-14 is to encourage the chronically suicidal to hurt themselves in order to be eligible to die with a physician's assistance.

In short, I am very disappointed in Bill C-14. I find it discriminatory against those suffering long-term psychological distress who wish to end their lives in a peaceful manner. I believe the Supreme Court would agree.

Sincerely,	

s.19(1)

PS. Attached is a copy of my previous correspondence with various elected officials.

Ellis, Sandra

From:

Sent:

To:

April 16, 2016 11:26 PM
Ministerial Correspondence Unit - Justice Canada; james.maloney@parl.gc.ca;

jane.philpott@parl.gc.ca

Subject:

Eligibility for Medical Assistance in Dving

Attachments:

right to die rtf

s.19(1)

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Sincerely,	
Ollicelety,	

PS. Attached is a copy of my previous correspondence with various elected officials.

February 26, 2016

s.19(1)

Dear Honourable Members,

The following is not intended to be frivolous, trivial or vexatious.

After a great deal of thought I am finally requesting government help in dying. More specifically, dying with a modicum of dignity.

And now, with the Harper government finally ousted, I have some hope that more progressive-minded elected officials will hear me out.

Ms Wynne, you and especially your predecessors Messrs McGuinty and Harris have shown little interest in improving the lot of ODSP recipients

I now accept that investing in affordable housing and mental health programs, and increasing social assistance rates are not priorities for you. So be it. (As a side note, I will credit the present Ontario government for making progress in this area even though I am alarmed at some of the cuts and procedures that it has proposed).

While I do not desire to discuss the legislative process pertaining to the right to die, I will point out that the comments a Conservative MP recently made do not apply to me. He said, "there are many individuals living today who have gone through severe depression, who if this (proposed) model is adopted could have found themselves in a situation where they have taken a permanent solution, a tragic permanent solution, to what was in fact a temporary problem." As I have indicated, my "problem" is not "temporary."

So why don't I just kill myself? Well, that goes back to "dying with dignity." With the means at my disposal, I am not able to attempt suicide with a minimum of trauma and drama. I can't undertake any suicide method that is guaranteed to work. Moreover, I am afraid of attempting suicide only to suffer public humiliation or excruciating pain for days before the end finally comes. I cannot and will not attempt to get illegal items in order to die. It is not worth the risk of a prison sentence or dealing with untrustworthy and potentially malicious men. Yet is it not ironic that the law criminalizes helping to terminate the life of someone who wishes to die, thereby leaving means such as buying a gun from a criminal as one of the few viable options? The methods which don't involve breaking the law are fraught with the peril of surviving or, alternatively, causing major distress to members of the public who are likely untrained in dealing with gruesome forms of death or dismemberment.

You may also wish to consider the financial cost of helping me survive. I suspect that helping me to die would be less expensive, and would free a small number of professionals to help those who actually want to live.

My plea is simply this: either legalize voluntary euthanasia for anyone who wants it, or somehow make it possible for Canadians to lawfully and safely obtain the means and materials needed to die. Not being a lawyer, I am unable to properly express what form that might take, although I do realize that constitutional challenges can take years to settle. Such a length of time is unpalatable to me; remember, I wish to die rather than deal with a complicated court case. I am, to some extent, able to interpret case law, and could provide you with more detailed reasoning based on the dissenting opinions in Rodriguez v. British Columbia as well as the unanimous Supreme Court ruling in Carter and Taylor v BC.

Persons with mental health conditions must be granted the right to die. Our suffering deserves as much compassion as that of those with terminal illnesses. Please do not delay in implementing the recommendations of The Special Joint Committee on Physician-Assisted Dying.

s.19(1)

Thank you for your consideration.

Since	rely,	

(s) en yertu de la Loi sur l'acces al 10 - 0 1 3 669 MCMEO 1

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

April-17-16 10:18 AM

To:

Ministerial Correspondence Unit - Justice Canada; hon.jane.philpott@canada.ca;

darren.fisher@parl.gc.ca

Subject:

Concerns over doctor-assisted suicide

Dear Minister Wilson-Raybould, Minister Philpott and Mr. Fisher,

I am writing to express my concern about the protection of the vulnerable people in our society as well as conscience rights for Canadian doctors and other health care professionals who refuse to participate in assisted suicide/euthanasia. I am opposed to any form of assisted suicide and euthanasia. However, I realize that the government has a legal obligation to prepare legislation following the recent Supreme Court ruling.

I am concerned that the new legislation-and the recommendations of the Commons-Senate Committee on Physician-Assisted Death—does not adequately protect doctors' conscience rights. A referral to a third party is still a form of participation, and may be against many health care professionals' beliefs and values. In addition, I am deeply distressed that Canada would allow access to assisted suicide to minors, people suffering from depression and other mental health issues, and other vulnerable people.

Why is our government—why is Canada—not providing greater support for these vulnerable populations, and access to high-quality palliative care for all Canadians? Recently, a member of my family died; while it was a difficult time for all of us, the quality palliative care she received allowed her to die without suffering and with great dignity. In addition, it provided the family with caring support and comfort both before and after her death.

I believe the Canadian Charter of Rights and Freedoms protects Canadians from being forced to act against their moral and religious convictions. There must be alternative ways to respect a patient's request without compelling doctors to face professional disciplinary action simply because they wish to follow their conscience, and without forcing the closure of facilities that will not provide doctor-assisted death for ethical reasons.

Please consider my concerns carefully as the debate and discussion of this issue continues. I request that the final legislation respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care professionals and health care facilities.

Thank you for your efforts and your caring.

Sincerely,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Sent: To:

April-17-16 1:50 AM

Jody Wilson-Raybould

Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Canadians deserve choice: Support patient-centred legislation for physician-assisted dying

Dear Jody Wilson-Raybould MP,

As a concerned resident of your riding, I'm reaching out today to urge you to speak out in favour of legislation that promotes fair, safe and timely access to physician-assisted dying for Canada's most desperately ill patients. In particular, I ask you to endorse the recommendations made by the MPs and senators on the Special Joint Parliamentary Committee on Physician-Assisted Dying.

The committee's report, entitled "Medical Assistance in Dying: A Patient-Centred Approach," is a triumph for patient rights in Canada. It puts the plight of desperately ill Canadians front and centre and embraces the spirit of the Supreme Court's decision in Carter v. Canada. The committee's 21 recommendations must serve as the basis for new legislation on physician-assisted dying.

Recommendations that must be reflected in new legislation include:

- Individuals with a diagnosis for serious progressive illnesses like dementia must be allowed, while still competent, to make advance requests for aid in dying. 8 in 10 Canadians support this option and it is an essential component of patient-centred legislation for physician-assisted dying.
- The government must work with the provinces to ensure that all publicly funded hospital, hospices and long-term care facilities allow physician-assisted dying on their premises. Healthcare organizations that receive public funds should not be allowed to deny patients their Charter-backed right to die in peace with the help of a doctor.
- Ottawa must work with the provinces to develop a system that guarantees effective transfer of care for desperately ill patients whose doctors are unwilling to provide aid in dying. It is unacceptable to condemn patients to a horrific death simply because their doctor refuses to provide an effective transfer of care.

Please listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying. We deserve a framework for aid in dying that ensures patient choice while protecting the country's most vulnerable citizens. Now is the time to put these fair and just recommendations into action - to pass laws that, once and for all, give patients meaningful choice in the face of unendurable suffering. Thank you for your consideration.

Yours sincerely,

s.19(1)

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about. The FROM field of this email is campaigns@good.do however the email was sent by this email address:	who provided
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To learn more about do^gooder visit www.good.do

s:19(1)

Ministerial Correspondence Unit - Justice Canada

MCUED!

From:

Prime Minister/Premier Ministre < PM@pm.gc.ca>

Sent:

April-17-16 12:36 PM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject: .

Office of the Prime Minister / Cabinet du Premier ministre

Dear

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon
Manager/Gestionnaire
Executive Correspondence Services
for the Prime Minister's Office
Services de la correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From:

Received: 09 Apr 2016 07:16:54 PM >>>

>>> Subject: PM Web Site Comments - Health, Canadian Northern Economic Development Agency and The Arctic

Council >>>>

Date: 2016/4/9 19:16:19

Name/Nom:

E-Mail/Adresse électronique

Comments/Commentaires: I am writing you to express my concerns about the protection of the vulnerable as well as conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia. While I am opposed to any form of assisted suicide I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case. I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' conscience rights. I consider referral, even to a third party to be a type of participation. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities. Protection of the conscious rights of health care professionals must be included in any legislation on this matter. The Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions.

I believe most objections to allowing those with mental illness to decide for themselves are based on an entrenched misunderstanding of these illnesses, and their stigmatization. For example, many think that mental illnesses are more easily treatable than physical ones, even though this is patently false, Many also think that those in constant mental spain suffer less than those with physical complaints, that such illnesses are somehow 'temporary' in nature, or that all people with mental illness are incapable of making health decisions for themselves.

The ignorant view that chronic mental distress renders someone cognitively deficient is deeply offensive.

Whether a patient is applying for MAID due to a grievous and irremediable mental illness, or whether they are applying based on a grievous and irremediable physical illness but also suffer concurrently from mental health concerns, the qualifying requirements should be the same as they are for any other citizen: their acceptance for this medical service must be based on their ability to decide, not on discrimination. Any other position on the part of your government would not only be morally repugnant, but would also lead us back to the courts as the SCC purposefully declined to differentiate between mental and physical suffering. The justices also made crystal clear that the only individual who can decide when their suffering has become too much for them to bear is the sufferer themselves.

I hope we are in agreement that society does not protect the vulnerable position of stigmatized groups within our population by denying them their basic human rights.

Secondly, I wanted to draw your attention to the importance of ensuring that all of us can, should we chose, create legally binding advance directives when we are still competent that would take effect should we lose competence or the ability to communicate our wishes. If these are directives are made in writing and of our own free will, then we will finally be 'allowed' to pass away peacefully and without pain under the conditions of our own choosing.

In the past, those who had progressive illnesses like dementia, or those who experienced sudden loss of competence due to an accident, a stroke, or some other sudden medical event have been rendered helpless in terms of controlling their own fate. Now we have a unique opportunity to protect the deepest values and beliefs of all citizens by freeing them from the control of others in their last days.

I hope we are in agreement that it is preferable to have the individual determine the criteria under which they no longer wish to continue with life, rather than to leave such a vital and personal choice to the will of others.

Finally, I am very concerned about what the real level of access to MAID will be for the average patient. Many of us already have trouble even finding a family doctor. I have no doubt that many physicians will refuse to perform this service because they find it disconcerting to have patients making decisions for themselves, whether they are grievously ill or not. In my experience, Canadian doctors often reprimand patients for 'interfering' in their own health care! I imagine many 'conscientious objectors' will not truly be of that category at all...they simply won't want to be bothered so they will opt out.

Therefore, in order to provide timely access it is essential that other healthcare professionals, such as practical nurses, be included in the list of those able to provide MAID to qualified patients in need.

Further, we are now seeing publically funded institutions, who should be required to respect Charter guaranteed rights, threaten to disallow MAID on their premises due to their religious affiliations. This is absolutely unacceptable. The religiously based constraints previously placed on all Canadians in regard to choice at the end of their lives must be recognized as not only inappropriate, but abusive. If hospitals wish to maintain their flow of public monies, then they must provide public services.

I hope we are in agreement that every citizen has freedom of private religious belief, as well as freedom from the private religious beliefs of others.

While the court determined that it is unconstitutional to deny qualified adults the right to a physician assisted death, this certainly does not prevent your legislation from making some accommodation for competent mature minors, or seven terminally ill children. The Supreme Court's decision provides a floor beneath which you may not sink, rather than a level of compassion which you may not exceed.

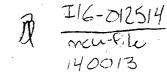
I think the most insightful statement made by the SCC in Carter was that no citizen has a 'duty to live'. I ask that you and your cabinet members keep that sentiment foremost in mind as you draft our new legislation.

As governments of all stripes have shown in decades past, they are loathe to enact socially 'liberal' policies unless forced to do so by the courts. Therefore the decisions you make now will no doubt have to serve us well into the future, and should be progressive rather than conservative in nature. That is, after all, why we elected you in the first place.

Thank you for your consideration of my respectful submission.

Most Sincerely,

s.19(1)



Ministerial Correspondence Unit - Justice Canada

From:

Sent: April-17-16 4:03 AM

To:

.Hedy Fry

Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Canadians deserve choice: Support patient-centred legislation for physician-assisted dying

Dear Hedy Fry MP,

As a concerned resident of your riding, I'm reaching out today to urge you to speak out in favour of legislation that promotes fair, safe and timely access to physician-assisted dying for Canada's most desperately ill patients. In particular, I ask you to endorse the recommendations made by the MPs and senators on the Special Joint Parliamentary Committee on Physician-Assisted Dying.

The committee's report, entitled "Medical Assistance in Dying: A Patient-Centred Approach," is a triumph for patient rights in Canada. It puts the plight of desperately ill Canadians front and centre and embraces the spirit of the Supreme Court's decision in Carter v. Canada. The committee's 21 recommendations must serve as the basis for new legislation on physician-assisted dying.

Recommendations that must be reflected in new legislation include:

- Individuals with a diagnosis for serious progressive illnesses like dementia must be allowed, while still competent, to make advance requests for aid in dying. 8 in 10 Canadians support this option and it is an essential component of patient-centred legislation for physician-assisted dying.
- The government must work with the provinces to ensure that all publicly funded hospital, hospices and long-term care facilities allow physician-assisted dying on their premises. Healthcare organizations that receive public funds should not be allowed to deny patients their Charter-backed right to die in peace with the help of a doctor.
- Ottawa must work with the provinces to develop a system that guarantees effective transfer of care for desperately ill patients whose doctors are unwilling to provide aid in dying. It is unacceptable to condemn patients to a horrific death simply because their doctor refuses to provide an effective transfer of care.

Please listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying. We deserve a framework for aid in dying that ensures patient choice while protecting the country's most vulnerable citizens. Now is the time to put these fair and just recommendations into action — to pass laws that, once and for all, give patients meaningful choice in the face of unendurable suffering. Thank you for your consideration.

*** I also really want to note that the current legislation has several flaws.

and few people realize that most people aren't deemed competent near the end of their lives due to simple things like pain medication. Consenting just prior to administration is impractical and harsh, as it may require patients forgoing pain medications and other meds that keep them somewhat comfortable. Denying assitance to patients with mental health issues and for people to choose prior to losing competence is short cited, discimatory and unfair. Also to codeme children to pain and suffering that we wouldn't subject adults to, never mind even animals is unfair. I ask that you urgently push to correct this legislation to encompass the meaning of the supreme court decision and the wish of the population. Having watched many patients pass t

here is something called a "good death" and the medical community, in particular our doctors need to learn from hospice, palliative care and many ICU doctors that have learned that trying to prolong life can often be cruel and inhumane. Letting people live the lives they wish is the most compassionate thing we can do as health professionals. Please support and push for a more complete legislation that follows the recommendations than what has just been put forward that is very limited. Thanks you.

s.19(1)

This email was sent via do^gooder, a campaign platform that enables people to contact you regarding issues they care about. The FROM field of this email is campaigns@good.do however the email was sent by who provided this email address:

In accordance with web protocol FC 3834 (http://www.rfc-base.org/rfc-3834.html) we have included this address in the REPLY-TO field and you should respond to _______at that email address.

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Ministerial Correspondence Unit - Justice Canada

140013

F	ro	m	:
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Sent:

April-17-16 1:48 AM

Ron McKinnon

To: Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Canadians deserve choice: Support patient-centred legislation for physician-assisted dying

Dear Ron McKinnon MP,

As a concerned resident of your riding, I'm reaching out today to urge you to speak out in favour of legislation that promotes fair, safe and timely access to physician-assisted dying for Canada's most desperately ill patients. In particular, I ask you to endorse the recommendations made by the MPs and senators on the Special Joint Parliamentary Committee on Physician-Assisted Dying.

The committee's report, entitled "Medical Assistance in Dying: A Patient-Centred Approach," is a triumph for patient rights in Canada. It puts the plight of desperately ill Canadians front and centre and embraces the spirit of the Supreme Court's decision in Carter v. Canada. The committee's 21 recommendations must serve as the basis for new legislation on physician-assisted dying.

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- Ottawa must work with the provinces to develop a system that guarantees effective transfer of care for desperately ill patients whose doctors are unwilling to provide aid in dying. It is unacceptable to condemn patients to a horrific death simply because their doctor refuses to provide an effective transfer of care.

Please listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying. We deserve a framework for aid in dying that ensures patient choice while protecting the country's most vulnerable citizens. Now is the time to put these fair and just recommendations into action — to pass laws that, once and for all, give patients meaningful choice in the face of unendurable suffering. Thank you for your consideration.

I am a Registered Nurse and have just finished a Many of my experiences as a nurse have lead me to truly believe a person had the right to die with dignity. Dementia is a severe, mentally traumatic condition for many

Yours sincerely,			
		s.19(1)	
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people. Please work diligently to enact policy to allow a person to choose their end of life journey.

s,19(1)

Ministerial Correspondence Unit - Justice Canada

MCU-FILE

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Sent: April-17-16 9:02 AM

To:

Carla Qualtrough

Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Canadians deserve choice: Support patient-centred legislation for physician-assisted dying

Dear Carla Qualtrough MP.

I am disappointed in the draft bill that has been proposed with regard to physician assisted death. I had hoped Canada would embrace the concept of death with dignity and am most distressed with the portion of the bill that does not allow one to state their wishes ahead of time.

After watching my aunt die of ALS, I live in fear of one day facing such a fate myself. I had hoped that Canada's new law would allow me to share with my loved ones and doctors, should such a fate befall me, my wishes which could be carried out if I no longer could make myself understood.

Instead, a bill with no teeth has been proposed. It would help some, yes, but what about all of the other Canadians who have, according to the Supreme Court, the right to die with dignity. Why is your government supporting legislation that will result in yet more cases being brought before the Supreme Court at tremendous cost?

Please listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying. We deserve a framework for aid in dying that ensures patient choice while protecting the country's most vulnerable citizens. Now is the time to put the fair and just recommendations of the Special Joint Committee on Physician-Assisted Dying into action — to pass laws that, once and for all, give patients meaningful choice in the face of unendurable suffering. Thank you for your consideration.

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s.19(1)

16-012669 MWE01

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

April-17-16 10:18 AM

To:

Ministerial Correspondence Unit - Justice Canada; hon.jane.philpott@canada.ca;

darren.fisher@parl.gc.ca

Subject:

Concerns over doctor-assisted suicide

Dear Minister Wilson-Raybould, Minister Philpott and Mr. Fisher,

I am writing to express my concern about the protection of the vulnerable people in our society as well as conscience rights for Canadian doctors and other health care professionals who refuse to participate in assisted suicide/euthanasia. I am opposed to any form of assisted suicide and euthanasia. However, I realize that the government has a legal obligation to prepare legislation following the recent Supreme Court ruling.

I am concerned that the new legislation-and the recommendations of the Commons-Senate Committee on Physician-Assisted Death--does not adequately protect doctors' conscience rights. A referral to a third party is still a form of participation, and may be against many health care professionals' beliefs and values. In addition, I am deeply distressed that Canada would allow access to assisted suicide to minors, people suffering from depression and other mental health issues, and other vulnerable people.

Why is our government--why is Canada--not providing greater support for these vulnerable populations, and access to high-quality palliative care for all Canadians? Recently, a member of my family died; while it was a difficult time for all of us, the quality palliative care she received allowed her to die without suffering and with great dignity. In addition, it provided the family with caring support and comfort both before and after her death.

I believe the Canadian Charter of Rights and Freedoms protects Canadians from being forced to act against their moral and religious convictions. There must be alternative ways to respect a patient's request without compelling doctors to face professional disciplinary action simply because they wish to follow their conscience, and without forcing the closure of facilities that will not provide doctor-assisted death for ethical reasons.

Please consider my concerns carefully as the debate and discussion of this issue continues. I request that the final legislation respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care professionals and health care facilities.

Thank you for your efforts and your caring.

s.19(1)

Sincerely,

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'information.

RIGORDE

MCUEDE

[400]3

Ministerial Correspondence Unit - Justice Canada

From:			PCHH
Sent:	April-17-16 11:07 PM	·	
To:		dence Unit - Justice Canada	
Subject:	Petition to the Attorner	y General of Canada	•
			\$
Name:			· .
	s.19(1)		
Email:			
Message: As a nur	se in pa	illiative care & gerontology I believe that h	nospice palliative care for
_		e ask our doctors and nurses to put peopl	
		ssume the role of killers or refer to another	
		make more problems for our sick and elde	
		. If economics are driving this movement	
		eft of moral and ethical values. Just study t	
		erstand the fatal results of this death pror	
	e put to death without consent		Tiotion: III 2013, More than
		safety and security when we require acut	o or chronic care? Cortainly
		uture reveals the magnitude of the comin	
		mocracy if those who help us get cures ar	
		el if society (government) stripped you of	
		acquiesce or demand fair treatment under	er your Charter Rights?
Please consider th	nese thoughts. Thanks you.	•	

Ministerial Correspondence Unit - Justice Canada

From: Sent:

April-18-16 3:19 PM

To:

Justin Trudeau

Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Appuyons la législation centrée sur le patient dans l'aide médicale à mourir

modified form LIR

Dear Justin Trudeau MP,

En tant que résident de votre circonscription, j'entre en contact avec vous aujourd'hui pour vous prier d'exprimer votre appui envers une législation encourageant l'accès juste, sécuritaire et opportun à l'aide médicale à mourir pour les patients les plus désespérément malades du Canada. Plus particulièrement, je vous demande d'adhérer aux recommandations formulées par les députés et les sénateurs siégeant au Comité mixte spécial sur l'aide médicale à mourir.

Le rapport du comité, intitulé « L'aide médicale à mourir : Une approche centrée sur le patient », est un triomphe pour les droits des patients au Canada. Il met le sort des malades canadiens au cœur du débat et il souscrit à l'esprit de la décision de la Cour suprême quant à l'arrêt Carter c. Canada. Les 21 recommandations du comité doivent servir de fondement pour une nouvelle loi sur l'aide médicale à mourir.

Les recommandations qui doivent être intégrées à la nouvelle loi incluent:

- Les individus avec un diagnostic de maladie évolutive grave telle que la démence doivent avoir le droit, tandis qu'ils en sont encore capables, de faire des demandes d'aide à mourir à l'avance. Huit Canadiens sur dix appuient ce choix et il constitue une composante essentielle de la législation centrée sur le patient pour l'aide médicale à mourir.
- Le gouvernement fédéral doit collaborer avec les provinces pour veiller à ce que tous les hôpitaux, centres de soins palliatifs et établissements de soins de longue durée financés par l'État permettent l'aide médicale à mourir dans leur établissement. Les organismes de soins de santé qui bénéficient de fonds publics ne devraient pas avoir le droit de refuser aux patients leur droit, soutenu par la Charte, à mourir dans la paix avec l'aide d'un médecin.
- Ottawa doit collaborer avec les provinces pour mettre au point un système qui garantisse l'efficacité des références pour les patients désespérément malades dont les médecins ne sont pas disposés à offrir l'aide à mourir. Il est inacceptable de condamner les patients à une mort horrible, simplement parce que leur médecin refuse de fournir une référence.

Veuillez écouter la voix des 85 % de Canadiens qui appuient la décision inspirée de Cour suprême sur l'aide à mourir. Nous méritons un cadre pour l'aide à mourir qui assurerait le respect du choix du patient tout en protégeant les citoyens les plus vulnérables du pays. Il est maintenant temps de mettre en œuvre ces recommandations justes et équitables — d'adopter des lois qui, une fois pour toutes, donneront aux patients la véritable liberté de choix face à des

souffrances insupportables. Je vous remercie de votre attention.

J'espère même qu'éventuellement l'aide à mourir ne s'applique pas uniquement aux personnes en phase terminale, mais à toute personne qui comme moi, veut décider de sa fin de vie parce qu'elle n'a tout simplement plus de qualité de vie (grand âge, incontinence, arthrose, arthrite, incapacité à faire quoi que ce soit seul, etc., etc.).

s.19(1)

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TIO-GIJOFS MCUFILE

Ministerial Correspondence Unit - Justice Canada

From:				•	140	<i>30</i> 13	
Sent:	April-18-16 2:00 PN	VI		•			TA
To: Cc:	Bruce Stanton Hon.Jane.Philpott@	Manada ca: Mini	storial Corre	onondonas II.	:		0,,,
	Justin.trudeau@pa	rl.gc.ca		•			
Subject:	Canadians with a d assisted dying	ementia diagnosi	s deserve th	e right to make	advance red	quests for	
Dear Bruce Stanton MP,							5
, and state state of the state				•			
I will decide when I die bu	t thanks to gutless or	liticians of all stri	noc it will b			• •	
•							
As a concerned resident o dementia diagnosis real ch	f your riding, I'm read noice over how their I	hing out today to lives end.	urge you to	speak out in f	avour of givi	ng people	e with a
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,		,			•		
Recent news stories indica with a dementia diagnosis this is true, it will put up en Without the right to make exercise their right to a pe competent; or wait until it	to, while they are sti normous barriers for advance requests for aceful death will face	ll sound of mind, thousands of Can r assisted dying, C a cruel dilemma:	make advar ladians with lanadians w laccess assi	ice requests fo dementia or o ith a dementia	r physician-a ther degene diagnosis w	ssisted d rative illn	ying. Įf esses.
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Please listen to the voices We deserve a framework f citizens. Now is the time to suffering. Thank you for yo	for aid in dying that e o pass laws that, once	nsures patient ch	oice while p	rotecting the c	ountry's mo	st vulnera	hle
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email address:		s.19(1)
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Ministerial Correspondence Unit - Justice Canada

MOUDI 140013

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 4:17 PM

To:

Ministerial Correspondence Unit - Justice Canada

Cc:

Subject: FW: Projet de loi C-14

From:

Sent: April 18, 2016 4:13 PM To: Wilson-Raybould, Jody - M.P. Subject: Projet de loi C-14

Bonjour,

Une simple question pour vous, y aura-t-il des consultations publiques ou des auditions particulières dans le cadre de l'étude du projet de loi C-14 et si oui, à quel moment ces consultations auront-elles lieu? Merci à l'avance et meilleures salutations

Avis relatif à la confidentialité

Le présent courriel et tout fichier qui y serait joint sont à l'usage exclusif du destinataire visé par ce courriel ou du mandataire chargé de le lui transmettre. Leur contenu est confidentiel et peut comporter des renseignements protégés. Toute utilisation, diffusion ou copie non autorisée du contenu est strictement interdite. Si vous n'êtes pas le destinataire désigné de ce courriel ou si vous l'avez reçu par erreur, veuillez en informer immédiatement l'expéditeur de ce message et supprimer de façon permanente le présent courriel et tout fichier qui y est joint en vous abstenant d'en faire une copie, d'en divulguer le contenu ou d'y donner suite.

Sent:

Mon 4-25-2016 7:17:19 PM

From:

Ministerial Correspondence Unit - Mailout

Flag Status:

0x00000000

Subject:

Correspondance au nom de la ministre de la Justice et procureur général du Canada

Monsieur,

s.19(1)

Au nom de l'honorable Jody Wilson-Raybould, ministre de la Justice et procureur général du Canada, j accuse réception de votre correspondance concernant la tenue de consultations publiques sur l'aide médicale à mourir.

Il serait peut-être utile que vous communiquiez avec votre député fédéral à ce sujet. Vous pouvez trouver votre député en ligne en saisissant votre code postal à l'adresse suivante : www.lop.parl.gc.ca/ParlInfo/Compilations/HouseOfCommons/MemberByPostalCode.aspx?Menu=HOC&Language=F.

Je vous prie d agréer, Monsieur, I expression de mes sentiments les meilleurs.

Gestionnaire par intérim

Unité de la correspondance ministérielle

Released under the Access to Information Act /

MCUEDI

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 11:15 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: I support conscience rights & the protection of the vulnerable.

140013 (form etr)

s.19(1)

From:

Sent: April 17, 2016 1:10 AM To: Wilson-Raybould, Jody - M.P.

Subject: I support conscience rights & the protection of the vulnerable.

To My Member of Parliament Jody Wilson-Raybould;

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

KKO-012712 MCUEDA

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 9:26 AM Ministerial Correspondence Unit - Justice Canada

To: Subject:

FW: Bill C-14 Needs Conscience Protections

140013

s.19(1)

From

Sent: April 16, 2016 12:42 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you to express my concerns about the protection of the vulnerable as well as conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia. While I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case.

I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' conscience rights. I consider referral, to be a type of participation. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities.

I am particularly distressed by recommendations that would provide access to assisted suicide for minors (by 2019), those who may be depressed, suffer from mental health issues or other vulnerable persons. Why are we not striving to provide greater support for these individuals as well as access to palliative care for all Canadians?

I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. There are undoubtedly other ways to ensure that the request of the patients who choose these procedures is respected.

It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close should these recommendations be included in future legislation.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Released under the Access to Information Act /

KIG-012715 MCUE103

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 9:14 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 18, 2016 1:09 AM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14.

The bulk of the following email has been written by others but I share their views. However, specifically I AM on of these physicians that will not and cannot be part of this practice as this violates my moral view. I believe all life is important and has value And as such i cannot be party to the planned and deliberate ending of a life.

I am a surgical oncologist in Saskatoon and in my clinical work I fight every day to save lives when possible and improve symptoms if that isn't, but I cannot and will not be part of a practice that ends life on purpose. If my rights are not protected by this government and a situation arises that would force me to do so I will leave the practice of medicine behind or leave the country I grew up in, love dearly and call home, as your government will have made it our society intolerant of doctors who will not be party to purposefully ending a patients life. That is a society I will no longer want to live in!

That said I would ask that your legislation be amended to clearly provide conscience protections for health care workers and facilities.

If this bill is passed without amendments Canada will be the only country in the world that does not provide . legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Hon Judy Wilson Raybould inp.

R16-012629 MULIDS 140013 Sum. rep att

PLEASE LISTEN TO THE PEOPLE. In the past few weeks, three professionals polls have been done on Canadian views on euthanasia and assisted suicide, referred to as "assisted dying." We are greatly troubled by the recommendations before Parliament. Canadian should have choices. Expanding Quality Palliative Care would give a choice to anyone considering PAS/PAD

The recent Nanos poll of 1000 Canadians that was done March 31 - April 4, 2016 was commissioned by the Globe and Mail. The Nanos media release stated that the poll found:

Canadians believe doctors should be able to opt-out of offering assisted dying - majority oppose or somewhat oppose assisted dying for minors

- The majority of Canadians think that doctors should be able to opt-out of providing access to assisted dying against the will of their patients. Most Canadians do not think people under the age of 16 and 17 years should be able to access assisted dying and a marginal majority think that those with mental illness or psychiatric conditions should have access.
- Ability of doctors to opt-out Three-fourths (75%) of Canadians believe doctors should be able to opt-out of offering assisted dying against the will of their patients (50% agree; 25% somewhat agree). Twenty-one percent say they would disagree or somewhat disagree with the same thing (11% disagree; 10% somewhat disagree). Four percent of Canadians are unsure. Right of Conscience for Doctors and Health Care Workers
- Assisted dying and minors Six in ten Canadians (60%) say that they would disagree or somewhat disagree (16% somewhat disagree; 43% disagree), that minors who are 16 and 17 years of age should be able to access assisted dying, while thirty-seven percent of Canadians either agree (13%) or somewhat agree (24%). Five percent are unsure. Minors likely will change their mind after a few years
- Assisted dying and mental illness Half of Canadians (52%) would either somewhat disagree (18%) with letting people with mental illness or psychiatric conditions access assisted dying, or disagree (34%). Just over two fifths (42%) of Canadians think that people who are suffering from with mental illness or psychiatric conditions should be able to access assisted dying (22% agree; 20% somewhat agree), while six percent of Canadians are unsure. Hope, care and suicide prevention for those depressed is key.

An Angus Reid Institute survey of 1517 Canadians done March 21 - 24, 2016 found that:

• 68% of Canadians opposed forcing religiously affiliated hospitals to participate in euthanasia,

- 62% supported religiously affiliated nursing homes from having to participate in euthanasia.
- 36% supported forcing medical professionals who oppose euthanasia to refer their patients to a doctor who will kill their patient.
- 88% supported a waiting period, similar to the Oregon law. Counseling and palliative care given as options.

Both polls are done by recognized professional political pollsters and both polls indicate that Canadians want clear restrictions, controls and guidelines on "assisted death" (euthanasia and assisted suicide).

The LifeCanada poll was done by Public Square of 950 people done March 7- 14, 2016 found that 50% of Canadians wanted strict limits on euthanasia and only 16% would allow euthanasia for psychiatric reasons.

Please assure: Arms - Length Authorization

Assessment of Suffering and Vulnerability – psychosocial factors like grief, loneliness or shame. Every effort must be made to alleviate their impact upon patient's suffering

Physician assisted death only for end of life conditions for adults, with options of palliative care given.

Equal protection for vulnerable persons No social pressure upon vulnerable persons to encourage assisted death.

Sincerely,

s.19(1)

MAISTRE DE LA JUSTICE
2010 AST LO AS S

Hon. Jody Wilson-Raybould MP House of Commons OHawa, Ont. KIA.OA6

R16-012724 MCUEDS

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 9:18 AM Ministerial Correspondence Unit - Justice Canada

To: Subject:

FW: Bill C-14 Needs Conscience Protections

40013,

s.19(1)

From:

Sent: April 16, 2016 9:02 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you to express my concerns about the protection of the vulnerable as well as conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia. While I am opposed to any form of assisted suicide I recognize that the government is currently preparing legislation on this issue as a result of the Supreme Court decision in the Carter case. For a legislature to follow a judiciary in making laws is truly gutless and a perversion of democracy, placing a judge whose role is to interpret and apply law, into a lawmaking position. Judges decide to apply law to the facts of the case in front of them. Elected members may take much wider concerns to notice and createy newly made law legitimately. To do so, political bodies making policy and fundamental changes impacting human rights in Canada by following a judge who has a narrow focus is truly myopic. It appears to me to be a tactic to avo id the opendemocratic process of introducing a bill, allowing debate and taking a vote. There is not open debate when an elected political leader follows an appointed judge focused on facts in front of the court. You were elected by a democratic process. Honor it in the way you make change. Seek a mandate, openly discuss it, hear the points of view of all your constituents. Do not hide. Do not pretend you must do what the judge said, because he did not speak to all of CAnada before him, only the litigants.

Let those with a conscience decide how to act. You without should not constrain those with. The state did not create life and should not take it. Euthanasia is funadmentally wrong as a general rule and the exceptions are so rare, outside the criminal law, that requireing participation in such barbarism by health care workers, including doctors, is wrong, is wrong is a word that has meaning to you. If not, the act of euthanasia is not universally accepted as a community standard to end human life and you should not presume, and hide behind judge made law, in spreading your lack of judgement on who may take a life and when.

I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not include adequate protection for physicians' conscience rights. I consider referral, even to a third party to be a type of participation. I am also troubled by the committee's recommendation that facilities should not be allowed to opt-out of providing physician assisted death in their facilities.

I am particularly distressed by recommendations that would provide access to assisted suicide for minors (by 2019), those who may be depressed, suffer from mental health issues or other vulnerable persons. Why are we not striving to provide greater support for these individuals as well as access to palliative care for all Canadians?

I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. There are undoubtedly other ways to ensure that the request of the patients who choose these procedures is respected.

It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide physician assisted death. If these physicians are forced to leave the practice of 'medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close should these recommendations be included in future legislation.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities. •

Thank you.

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R16-012732

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca> (4 00 17 Depart-18-16 9:16 AM

Sent:

Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 16, 2016 11:57 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 Needs Conscience Protections

To: Minister Wilson-Raybould,

RE: Bill C-14 particularly:

- (1) concerns about the protection of the vulnerable and,
- (2)conscience rights for Canadian physicians who refuse to participate in controversial procedures like assisted suicide/euthanasia.
- (3) concerns that facilities morally opposed to this legislation will be forced to carry out this horrendous procedure.

I am deeply concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death will make the most vulnerable people in our society, more vulnerable and feeling even unwanted and a burden. This Bill will ensure that those without a voice due to illness will no longer be able to trust a hospital as a place to convalesce and be cared for and healing. Rather a hospital will become a place to be feared. Subjective views of what life is will soon become the norm, and suffering, which has so much value, will become something to dread, or even be likened to death. Who are we to say that the weak and the suffering is not the beautiful, and not the life giving.

I am deeply concerned that the Charter is just a worthless piece of paper that really has no meaning. Because there will be no <u>adequate protection for physicians' conscience rights, while ignoring their rights as outlined in the Charter concerning religious freedom.</u>

In addition, if this legislation passes, the Charter will be proven not credible since it is not able to come to the aid of major institutions that refuse to carry out such horrendous procedures. The <u>committee's</u>

recommendation that facilities should not be allowed to opt-out of providing physician assisted death will be devastating to Canadian culture as defined by the Charter.

I believe that the <u>Canadian Charter of Rights and Freedoms MUST protect Canadian citizens against being forced by the state to act against their moral or religious convictions.</u>

If this legislation goes forward, the Charter is useless and it seems like our government thinks those that suffer are useless too.

7

R16-02706 MCUEDI

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 9:26 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

TA

From:

Sent: April 16, 2016 12:52 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 Needs Conscience Protections

s.19(1)

Dear Minister Wilson-Raybould,

Thank you so much for the concern with which you have taken for the vulnerable in C14. It is such a relief to see them get protection!

That being said, I hope we can amend this bill to add conscience protection nation wide, because it is such an important thing for me as a current medical student and a future Canadian doctor.

I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to act against their moral or religious convictions. There are undoubtedly other ways to ensure that the request of the patients who choose these procedures is respected.

It is not necessary to make dedicated physicians put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide physician assisted death. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide physician assisted death will be forced to close should these recommendations be included in future legislation.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From: Sent:

April-18-16 8:26 PM

To:

Hedy Fry; Jody Wilson-Raybould

Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Canadians deserve choice: Support patient-centred legislation for physician-assisted dying

Dear Members,

As a concerned resident of your riding, I'm reaching out today to urge you to speak out in favour of legislation that promotes fair, safe and timely access to physician-assisted dying for Canada's most desperately ill patients. In particular, I ask you to endorse the recommendations made by the MPs and senators on the Special Joint Parliamentary Committee on Physician-Assisted Dying.

The committee's report, entitled "Medical Assistance in Dying: A Patient-Centred Approach," is a triumph for patient rights in Canada. It puts the plight of desperately ill Canadians front and centre and embraces the spirit of the Supreme Court's decision in Carter v. Canada. The committee's 21 recommendations must serve as the basis for new legislation on physician-assisted dying.

Recommendations that must be reflected in new legislation include:

- Individuals with a diagnosis for serious progressive illnesses like dementia must be allowed, while still competent, to make advance requests for aid in dying. 8 in 10 Canadians support this option and it is an essential component of patient-centred legislation for physician-assisted dying.
- The government must work with the provinces to ensure that all publicly funded hospital, hospices and long-term care facilities allow physician-assisted dying on their premises. Healthcare organizations that receive public funds should not be allowed to deny patients their Charter-backed right to die in peace with the help of a doctor.
- Ottawa must work with the provinces to develop a system that guarantees effective transfer of care for desperately ill patients whose doctors are unwilling to provide aid in dying. It is unacceptable to condemn patients to a horrific death simply because their doctor refuses to provide an effective transfer of care.

Please listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying. We deserve a framework for aid in dying that ensures patient choice while protecting the country's most vulnerable citizens. Now is the time to put these fair and just recommendations into action — to pass laws that, once and for all, give patients meaningful choice in the face of unendurable suffering. Thank you for your consideration.

Yours sincerely,

+ constituent

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Divulgé(s) en vertu de la Loi 16-07566 Mou-F; le 140016

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

April-18-16 10:31 AM

To:

Pierre Nantel

Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

s.19(1)

Justin.trudeau@parl.gc.ca

Subject:

Projet de loi C-14 Aide médicale à mourir

modifica forms

Dear Pierre Nantel MP,

Bonjour Monsieur Nantal,

En tant que résident de votre circonscription, j'entre en contact avec vous aujourd'hui pour vous exprimer mon immense déception devant le projet de loi C-14 sur l'aide médicale à mourir. Plus particulièrement, je suis outrée de voir le gouvernement passer outre les recommandations de la Cour suprême du Canada dans l'arrêt Carter c. Canada qui demande: Le droit pour un adulte capable 1) qui consent clairement à mettre fin à sa vie; 2) qui est affectée de problèmes de santé graves et irrémédiables (y compris une affection, une maladie ou un handicap) lui causant des souffrances persistantes qui lui sont intolérages au regard de sa condition d'obtenir l'aide d'un médecin pour mourir.

En ajoutant la condition "mort raisonnablement prévisible", cette loi prive des gens vivant des conditions de vie intolérables de leur droit à l'aide médicale à mourir comme prévu par la cour suprême.

Le rapport du comité, intitulé « L'aide médicale à mourir : Une approche centrée sur le patient », est un triomphe pour les droits des patients au Canada. Il met le sort des malades canadiens au cœur du débat et il souscrit à l'esprit de la décision de la Cour suprême quant à l'arrêt Carter c. Canada. Les 21 recommandations du comité doivent servir de fondement pour une nouvelle loi sur l'aide médicale à mourir.

Les recommandations qui doivent être intégrées à la nouvelle loi doivent inclure:

- Le droit pour un individu affecté de problèmes de santé gravs et irrémédiables lui causant des souffrances persistantes qui lui sont intolérables au regard de sa condition d'obtenir d'un médecin l'aide médicale à mourir; (sans condition de mort raisonnablement prévisible);
- Les individus avec un diagnostic de maladie évolutive grave telle que la démence doivent avoir le droit, tandis qu'ils en sont encore capables, de faire des demandes d'aide à mourir à l'avance. Huit Canadiens sur dix appuient ce choix et il constitue une composante essentielle de la législation centrée sur le patient pour l'aide médicale à mourir.

- Le gouvernement fédéral doit collaborer avec les provinces pour veiller à ce que tous les hôpitaux, centres de soins
palliatifs et établissements de soins de longue durée financés par l'État permettent l'aide médicale à mourir dans leur
établissement. Les organismes de soins de santé qui bénéficient de fonds publics ne devraient pas avoir le droit de
refuser aux patients leur droit, soutenu par la Charte, à mourir dans la paix avec l'aide d'un médecin.
refuser day patients ledi droit, soutend par la Charte, a mourir dans la paix avec l'aide d'un médecin.

— Ottawa doit collaborer avec les provinces pour mettre au point un système qui garantisse l'efficacité des références pour les patients désespérément malades dont les médecins ne sont pas disposés à offrir l'aide à mourir. Il est inacceptable de condamner les patients à une mort horrible, simplement parce que leur médecin refuse de fournir une référence.

Veuillez écouter la voix des 85 % de Canadiens qui appuient la décision inspirée de Cour suprême sur l'aide à mourir. Nous méritons un cadre pour l'aide à mourir qui assurerait le respect du choix du patient tout en protégeant les citoyens les plus vulnérables du pays. Il est maintenant temps de mettre en œuvre ces recommandations justes et équitables — d'adopter des lois qui, une fois pour toutes, donneront aux patients la véritable liberté de choix face à des souffrances insupportables. Je vous remercie de votre attention.

Cordialement	
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A16-012332 MUEDI

140043

Le 18 avril 2016.

Honorable Monsieur Anthony Housefather.

APR 2 2 2016

Ministre adjoint de la Justice du Canada pour ce qui est des droits de la Personne

4700 Kent Avenue, Suite 316, Montréal, Québec, Canada, H3W 1H2

TÉL: 514-283-0171 FAX: 514-283-2407

Objet: Projet de loi C-14 de légalisation de l'euthanasie et du suicide assisté au Canada, à la demande de la Cour Suprême du Canada.

Bonjour Monsieur,

C.C. MME JODY WILLSON C.C. M. Justin Trubeau.

OÙ SONT LES GARDES FOUS ? OÙ SONT LES LOI PUNISSANT LES EUTHANSIES QUI SERONT ILLÉGALES, LES << INCITATIONS >> AU SUICIDE PAR DES MÉDECINS, DES INFIRMIÈRES ET DES PROCHES, UN CURATEUR PUBLIC OU PRIVÉ, DES PERSONNES EN CONFLIT D'INTÉRÊTS, FINANCIER, IDÉOLOGIQUE, OU AUTRE CONFLIT D'INTÉRÊTS. ETC...? C'EST VOTRE RÔLE MONSIEUR HOUSEFATJHER, DE PROTÉGER PAR DES LOIS ET DES SANCTIONS EXTRÊMEMNT SÉVÈRES, DE PROTÉGER MUR À MUR TOUTES LES PERSONNES VULNÉRABLES ET PAS SEULEMENT POUR UNE PÉRIODE DE TROIS ANS, MAIS POUR TOUJOURS... CAR, VOUS LE SAVEZ TRÈS BIEN, L'EUTHANASIE ET LE SUICIDE ASSISTÉ SERONT VITE BANALISÉS. CELA NE DOIT PAS DEVENIR LA NORME NI UN STANDARD CAR CE N'EST PAS UN SOIN. CELA NE DOIT PAS NON PLUS FAIRE L'OBJET DE PROMOTION AUCUNE

VOTRE RÔLE MONSIEUR EST D'INSTALLER DES GARDES FOUS, CAR LE SVRAIS FOUS SONT TROP MALINS POUR SE FAIRE PRENDRE.

LE DEGRÉ DE CIVILISATION D'UN PEUPLE SE MESURE TOUJOURS À LA FAÇON DONT CELUI-CI TRAITE ET PREND SOIN DE SES CITOYENS ET CITOYENNES, PERSONNES ET ENFANTS, VULNÉRABLES.

IL DOIT Y AVOIR UN BUREAU FORMÉ DE CITOYENS ET CITOYENNES TRANSPARENTS ET POUR ASSURER LA TRANSPARENCE ET CHAGÉ D'ANALISER TOUTES LES EUTHANASIES PASSIVES AUTANT U'ACTIVES ET VOUS DEVEZ COMPTABILISER LE SEUTHANSIES PASSIVES AUTANT UE LE SEUTHANASIES ACTIVES AVEC INJECTUON CAR CE SONT AUSSI DES EUTHANASIES, PAR EXEMPLE LE RETRAIT DE TOUTE HYDRATATION QUI AJOUTE ÉNORMÉMENT AUX SOUFFRANCES ET ONT POUR BUT DE CAUSER OU HÂTER LA MORT ET qUI DOIVENT AUSSI FAIRE L'OBJET DE GARDES FOUS CAR CES EUTHANASIES SONT BEAUCOUP PLUS FRÉQUENTES ET SOUVENT SANS LE CONSENTEMENT DE LA PERSONNE ET DONC DOIVENT ÉTRE CONSIDÉRÉES COMME ILLÉGALES ET DONC, COMME DES MEURTRES ET DES CRIMES CONTRE LA PERSONNE ET AINSI FAIRE L'OBJET DE GRAVES SANCTIONS ET D'ACCUSATIONS CRIMINELLES SI LA PERSONNE NE L'A PAS ELLE-MÊME DEMANDÉE PAR ÉCRIT ET NUL NE PEUT CONSENTIR À LA PLACE D'UNE AUTRE PERSONNE, PAS MÊME LA FAMILLE QUI POURRAIT ÊTRE EN CONFLIT D'INTÉRÊT DE MÊME Que DES GROUPES IDÉOLOGISTES OÙ LE CONFLIT D'INTÉRÊT DE FAIRE DES PRESSIONS SUR LE GOUVERNEMET AFIN D'ENGLOBER LES PERSONNES VULNRABLES EST IDÉOLOGIQUE ET EUGÉNISTE ET SOUVENT NE SONT MÊME PAS CONCERNÉS ET POURTANT RÉCLAMENT MÊME PAR LOBBYING LA MORT DES PERSONNES HANDICAPÉE STE DE TOUTES PERSONNE VULNRABLES CE QUI EST DE L'EUGNISME ET CELA NE FRÔLE PAS SEULEMENT LE NAZISME, MAIS EST LA PRINCIPALE CARACTÉRISTIUE DU NAZISME,

L'INCITATION AU SUICIDE ASSISTÉ DOIT DEMEURER UN CRIME CONTRE LA PERSONNE ET DEMEURER DANS LE CODE CRIMINEL DU CANADA, CAR L'INCITATION AU SUICIDE ASSISTÉ OU NON EST L'UNE DES FORMES LES PLUS VIOLENTES D'INTIMIDATION, CAR ELLE A POUR OBJECTIF DE POUSSER UNE PERSONNE AU SUICIDE OU À DEMANDER LE SUICIDE ASSISTÉ ALORS U ECETTE PERSONNE NE LE SOUHAITAIT SE SUICIDER ET MÈNE POURTANT UNE PERSONNE INNOCENTE À LA MORT PAR LA VIOLENCE EXTRÊME DE L'INTIMIDATION, PAR EXEMPLE EN LUI DISANT U'ELLE EST DEVENUE UN FARDEAU. LA LOI SUR L'AMM au Québec autorise pourtant cette intimidation qui a pour objectif de forcer une personne à réclamer le suicide en la faisant se sentir un fardeau, un poids, et vise à ce que la personne réclame le suicide assisté pu l'euthanasie pour faire taire cette souffrance innommable de l'intimidation et a pour effet de faire en sorte que la personne malade ne sente un fardeau et réclame le suicide ou l'euthanasie et mène celle-ci à la mort.

Vous devez Monsieur interdire cette pratique meurtrière et dangereuse que le Québec autorise car c'est la une forme d'intimidation extrême qui cause la mort d'une personne qui ne souhaitait pas se suicider. l'incitation au suicide peut provenir d'un médecin, d'une infirmière ou d'un ou des membres de la famille et est toujours conséquente d'un conflit d'intérêts, soit de libérer un lit, de réduite le coût des soins de santé d'une personne malade ou dépressive ou de toucher un héritage plus vite ou de conforter une personne qui ne veut plus aller à l'hôpital attendre la mort d'une personne ou même d'une personne dépressive en lui donnant des ides suicidaires en profitant de la légalité du suicide assisté dans un but égoïste et intéressé et je vous rappelle monsieur que la conséquence extrême pour la personne visée est la mort.

Je vous rappelle que le Québec, dans sa loi sur l'euthanasie et le suicide assisté autorise l'incitation au suicide en légalisant de mettre à mort une personne qui se sent un fardeau pour la société ou pour sa famille. Merci monsieur d'interdire et de garder pour toutes ces raisons criminel l'incitation au suicide en vous rappelant que dans tous les cas cela résulte directement d'un conflit d'intérêt, que cette incitation provienne d'un médecin d'une infirmière d'une travailleuse sociale ou d'un ou des membres de la famille. Ces personne sui s sentent un poids sont des personnes encore plus vulnérables de par cette idée qu'elle sont un fardeau ou un poids il est donc nécessaire de les protéger et d'interdire cette raison pour accepter un suicide ou une euthanasie et de criminaliser en collaboration avec la Ministre de la Justice du Canada cette pratique inhumaine et barbare.

Ce projet de loi est directement sous votre responsabilité et fait appel autant à votre responsabilité de Ministre adjoint de la Justice et des droits de la personne du Canada, que de votre responsabilité directement en lien et vis-à-vis toutes les personnes vulnérables, soit, la raison d'être DE LA CHARTE des droits de la personne et le premier droit est le droit à la vie et aux mêmes soins de niveau UN, pour toutes les personnes vulnérables, soit des soins de premier niveau, des soins d'investigation et des soins curatifs en cas de danger pour << LEUR >> Vie pour toute personne et enfants et bébés prématurés extrêmement vulnérables.

Il est certain qu'il y aura des euthanasies et suicides incités de personnes innocentes qui seront sacrifiés, pour donner raison à cette loi. Des vérifications doivent être faites chaque fois pour savoir si une personne quelconque ou un médecin a fait des pressions sur une personne afin qu'elle réclame l'euthanasie ou le suicide assisté. Il serait anormal et inhumain d'accepter cela pourtant le Québec dans sa loi autorise cela. Merci de l'interdire dans tout le Canada.

Je regarde les bien portant discuter et décider de la mise à mort des personnes vulnérables et ce, tout à fait légalement, et j'en reste bouche bée. quel simulacre de protection des plus vulnérables qui eux sont trop faibles et dans l'incapacité temporaire ou non de s'exprimer, étant handicapés(es) en déficience intellectuelle qui tiennent très évidemment à la vie et les personnes atteintes de maladie mentale, temporairement inaptes à prendre une telle décision et ne voyant temporairement pas la lumière au bout du tunnel et étant en un moment de panique lorsque survient une crise. Une telle décision serait évidemment prise dans un moment de crise te de panique et donc dans un moment de folie passagère.

De plus, hier, sur la télévision LCN, lors d'une émission sur la question de l'euthanasie et du suicide assisté, qui a eu lieu entre 16 et 17 heure, le 17 avril 2016, un supposé spécialiste de l'euthanasie et du

suicide assisté a déclaré et c'est ce qui se passe actuellement, que de toute façons, et c'est là le plus grand danger que la personne ne prenne pas elle-même la décision de recourir à l'AMM, c'Est la famille qui prend la décision lorsque qu'une personne ne peut consentir elle-même en étant dans un état ou elle ne peut pas elle-même prendre a décision. Par exemple, une personne accidentée et inconsciente et un enfant prématuré qui a déjà gagné sa bataille pur rester en vie et manifeste sa réelle volonté de rester en vie par le seul moyen qu'il connaisse, en pleurant pour réclamer des soins lorsqu'il a faim et soif et froid et est souillé. Pourtant, des parents réclament et obtiennent leur euthanasie lorsque ces enfants risquent de grandir avec un handicap ou un retard de développement, car ils voient cet enfant comme un enfant ui leur sera un fardeau.

Est-ce à dire qu'il est normal qu'en conflit d'intérêt et se considérant à tort comme << le propriétaire >> de cet enfant, un médecin ou un parent ait le droit de le faire mettre à mort par un médecin en toute légalité un petit bébé ou ses propres parents ou enfants? est-ce que les droits de la personne doivent permettre cela? certainement pas puisqu'une personne n'est jamais << la propriété >> d'une autre personne.

Pourtant, Cela se produit déjà au CHUL ET SAINT FRANÇOIS DASSISE ET Sainte Justine au Québec. Est-ce normal que des parents puissent légalement faire cela de même que des médecins ou un curateur ou tuteur public ou privé? certainement pas. il faut clarifier la notion de << lien filial >> et de << curatelle >> et de << tutoriat >> << publique >> et << privée >> et clarifier que ce n'est pas là un << titre de propriété >> comme un chien ou un animal. Personne n'a de droit de vie et de mort sur une autre personne.

De même, des parents décident de débrancher après seulement quelques jours, un enfant ou jeune adulte accidenté ou leurs parents atteints de la maladie d'Alzheimer, est-ce que des gens sont la propriété de quelqu'un d'autre. Il y a là un vide juridique et votre loi ne doit pas permettre à une personne de décider pour une autre personne et certains médecins passent par la famille profitant qu'une personne est inconsciente pour obtenir l'autorisation de faire euthanasier par retrait des soins et des béquilles temporaires ou permanentes leur enfant ou leur parent alors que ceux-ci étaient peut-être contre puisqu'ils n'ont pas auparavant demandé d'euthanasie et il en est de même pour une personne déficiente intellectuelle. Cette personne ne veut pas mourir ces gens adorent littéralement la vie et il est facile pur une personne ne penser le contraire en la jugeant sur la fait qu'elle n'est pas coiffée et est édentée et rit trop fort de bonheur de vivre. C'est << leur vie > et nul ne peut spéculer sur leur joie de vivre parce que ces gens ne répondent par à des stéréotypes courants? ce serait là de l'eugénisme et l'eugénisme est la principale caractéristique du nazisme. Tout cela est très dangereux. Hitler a fait gazer dans les chambres à gaz plus de 250,000 enfants et adultes handicapés(es), les considérants comme imparfaits. Le saviez-vous ?

Comme parents nous avons des devoirs envers nos enfants et comme enfants, nous avons des devoirs envers nos parents et notre devoir est de les protéger contre toute forme d'agression qui pourrait les menacer et menacer leur vie et leur intégrité physique. Il ne est de même comme curateur public et curateur ou tuteur privé. Voilà la vraie définition d'un lien filial. Le lien filial n'Est pas un titre de propriété et ne nous donne aucun droit de mettre fin à la vie d'un être humain sous notre responsabilité comme on le fait pour un animal de compagnie que l'on a acheté et payé.

Nul ne peut décider pour une autre personne, qu'elle soit handicapée ou dans le coma car plusieurs sortent du coma. Ils ont juste besoin d'un peu de temps et la nature est ainsi faite que pour guérir une personne sombre dans le coma afin que toute son énergie se déployée à la guérison même en cas de blessures graves.

Concernant l'euthanasie d'enfants prématurés qui ont gagné leur bataille pour rester en vie et qui sont euthanasiés, ce ne sont pas des qu'en dira-t-on, mais ce sont deux infirmières différentes qui y travaillent qui me l'ont dit et affirmé personnellement. Ainsi, les soins leurs sont retirés de même que toute hydratation. Jusqu'à ce que la mort arrive quelle barbarie et quels martyres. Ces petits enfants sont des personnes humaines d'une extrême vulnérabilité et des gens en abusent et les tuent en toute liberté. Merci de faire assurer leur protection mur à mur.

Concernant le retrait d'une personne mourante de toute hydratation, cela ajoute une souffrance encore pire et la loi sur l'AMM au Québec l'autorise, pourtant cette façon de faire ajoute une terrible souffrance à ces

petits enfants et à ces personnes mourantes qui manifestent de toutes sortes de façons leur intense soif. Ce sont des martyres qu'ils font.

Vous devez interdire expressément et clairement dans votre loi cette façon de procéder qui fait d'eux et d'Elles de véritables martyres et punir très sévèrement les médecins et infirmières qui se livrent à un tel procédé. Pour mourir dignement et confortablement, la personne doit conserver son hydratation afin de diminuer les souffrances associées à la mort et non pas en ajouter. De plus, ces personnes, doivent pouvoir prendre le temps nécessaire pour mourir, la nature ayant fait en sorte qu'une personne trop souffrante tombe naturellement dans un coma qui lui permet de mourir naturellement sans souffrir. Mais la loi autorisant l'euthanasie cherche plutôt et de façon injuste à hâter la mort même s'il n'y a pas de souffrances et que la personne est tombée dans un coma. ils profitent alors de son inconscience pour lui administrer alors des doses mortelles de morphine. pourquoi ? puisque la personne ne souffre plus, la nature fait bien les choses. Pour libérer des lits plus vite ? pour soulager la famille et la dispenser de rester des heures à l'hôpital ?

Merci << d'interdire >> et de << punir >> très sévèrement le retrait de toute hydratation dans l'AMM au Québec et dans tout le Canada. Puisque cela ajoute des souffrances de mourir de faim et de soif ce qui est absurde et inhumain. Souffrir et mourir de déshydratation est terrible et extrêmement souffrant. Rendre la mort confortable, c'Ets au contraire bien hydrater la personne et il est par exemple souhaitable de lui placer des couvertures chaudes, ce que personne ne fait et ne pense à faire, même en soins palliatifs ou tout fait mal, même avoir froid.

Vous devez aussi conserver la notion de conflit d'intérêts d'une autre personne ou d'un organisme ou même d'un éventuel gouvernement, car il en coûte moins cher qu'une personne non rentable meure.

Aussi, par exemple, comme pour les bébés prématurés ou qui naissent avec un handicap, suite à une naissance difficile par exemple, les parents sont en conflit d'intérêts et dans le cas de nombreuses personnes âgées aussi, où ce sont les enfants qui ont un intérêt financier de vor un proche ou un parent mourir, car les enfants ont souvent hâte que la personne meure et demandent au médecin de hâter la mort de leurs parents. Je l'ai personnellement vu dans << PLUSIEURS >> familles, des enfants qui ont tellement hâte qu'ils vendent la maison et se séparent les biens d'un parent malade avant même que la personne ne décède. Ils sont en conflit d'intérêts.

Vous devez aussi clarifier que le fait que le lien parental en est un de protection, point final car une personne ne peut demander à un médecin et le médecin ne peut pas demander à la famille d'euthanasier une personne vieillissante ou malade car il y a un possible conflit d'intérêts et en plus, cette façon de faire devient un lien de propriété et nous ne sommes pas propriétaires de nos enfants ni de nos parents comme on est propriétaire d'un chien. c'est un lien filial de protection et on est pas chez le vétérinaire avec notre chien et si la personne ne l'a pas elle-même demandé, on ne peut pas euthanasier une personne parce qu'elle est dans un état de très grande vulnérabilité étant malade, ou avec un diagnostique de la maladie d'Ailzheimer ou de démence ou handicapée ou accidentée ou inconsciente. Ce n'est alors pas une décision personnelle et réfléchie.

Les droits de la personne sont là pour protéger contre tous les agresseurs possibles et imaginables et ils peuvent être des intérêts idéologiques et très dangereux, toutes les personnes dans un état de vulnérabilité temporaire ou permanente et ces droits incluent sans aucune discrimination possible les petits bébés prématurés et les personnes et enfants handicapés(es) et les gens dans le coma ou accidentées et les personnes atteintes de maladies que les gens et la population considèrent comme dégradantes pour une personne qui elle, peut aimer quand même la vie et n'a pas elle-même demandée un euthanasie, les médecins ne sont pas des vétérinaires et les malades et les handicapés et les petits bébés prématurés sont les êtres les plus vulnérables de la terre et ne sont pas des animaux et nul n'en est le propriétaire puisqu'une personne ne peut pas appartenir à une autre personne. Il faut redéfinir le lien filial, et les médecins encore moins et le gouvernement encore moins et la curatelle publique et prive encore moins. Ils sont là pour protéger et le médecin est là pour soigner. Nul n'appartient à aucune autre personne et la loi dot être claire là-dessus. vous devez protéger toutes les personnes vulnérables contre tous ces gens bien portant qui discutent actuellement de les mettre à mort et de qui a le droit de vivre et qui doit mourir. Soyez prudents.

Beaucoup d'idéologies eugénistes circulent actuellement et vous devez ériger un mur infranchissable entre eux et les personnes et enfants vulnérables.

Vous devez rédiger la loi de telle sorte qu'elle ne soit pas dans trois ans elle n'englobe jamais de plus en plus de gens en banalisant cet acte que je qualifie de inhumain et barbare et rétrograde à l'âge de pierre, et il y aura à coup sur des euthanasies illégales. Vous devez donc prévoir des sanctions extrêmement sévères puisque ce seront là des meurtres.

Comme ministre adjoint de la justice du Canada, et ministre des droits de la personne, vous ne pouvez pas souscrire à toutes les recommandations du comité mixte, car plusieurs de ces recommandations vous à l'encontre de plusieurs articles de loi du gouvernement fédéral visant à PROTÉGER la population du canada et tous les citoyens canadiens et toutes les citoyennes canadiennes individuellement, et pas seulement collectivement.

La recommandation réclamant d'inclure dans cette loi légalisant l'euthanasie et le suicide assisté, les personnes atteintes de maladies mentales et les mineurs va directement à l'encontre 7 de la Charte. L'article 7 stipule :

<< Chacun a droit à la vie, à la liberté et à la sécurité de sa personne. Il ne peut être porté atteinte à ce droit qu'en conformité avec les principes de justice fondamentale. >>

Cette recommandation du comité mixte citée plus haut met directement en danger la sécurité et le droit inviolable à la vie des personnes handicapées, des personnes atteintes de maladie mentale et des enfants malades et ou handicapés(Es), car une autre recommandation propose d'inclure aussi les mineurs, donc, les enfants.

D'abord, j'aimerais vous rappeler que les membres de ce comité mixte n'ont aucune formation médicale ni aucune formation juridique et ne connaissent probablement aucunement tous les points de la charte ni le droit criminel et de la vraie justice qui toujours doit protéger les plus faibles qui sont toujours les victimes d'éventuels prédateurs et personnes dominantes.

Ces deux recommandations mettent en danger la sécurité des personnes et des enfants handicapés(es) en déficience intellectuelle et aussi physique, des petits bébés prématurés qui manifestent vigoureusement leur ferme volonté de vivre en pleurant afin que quelqu'un leur porte secours et voient à tous leurs besoins. Leur ferme volonté de rester en vie, ils et elles qu'ils soient handicapés(es) en déficience intellectuelle ou non, ces enfants la manifestent ainsi, en pleurant, seul moyen à leur disposition pour faire savoir qu'ils ont des besoins essentiels et veulent les voir combler afin de rester en vie. Nous connaissons donc très jeunes la ferme volonté de vivre de ces petits enfants que certains parents pourraient rejeter simplement parce que ceux-ci risquent de grandir avec un retard de développement. Pour ces parents, la mort de leur enfant est la solution afin de ne plus en être responsable. La légalisation de l'euthanasie vient donc les mettre en danger et menacer leur droit intrinsèque à la vie et leur sécurité, directement. Il en est de même pour les enfants handicapés(es) lourdement, qui aiment la vie et que certaines personnes voudraient voir disparaître. La légalité de l''euthanasie vient menacer la sécurité de ces personnes adultes et aussi enfants. pour certains parents, la mort de leur enfants est vue comme une libration, mais les enfants et adultes handicapés(es) en déficience intellectuelle sont des aussi des citoyens te des citoyennes canadiens et canadiennes ayant les mêmes droits que les autres citoyens canadiens, soit le droit à la vie et à la sécurité, même contre leurs parents et le personnel médical ui ne sont pas du tout exempts de la discrimination. La discrimination en soins de santé, cela existe. Cette loi vient menacer la sécurité et même la vie même de ces personnes qu'il est extrêmement facile d'influencer ce qui les place dans un état encore plus grand de vulnérabilité face à cette loi qui tue et fait cesser la vie même d'une personne ou d'un enfant.

Concernant les personnes atteintes de maladie mentale, voici un paragraphe qui les concernent directement. Il y a des incohérences en lien avec la capacité de guérir de maladies mentales et de dépression, qui provoquent toujours et sont des symptômes de la maladie mentale et de la dépression, soit, les idées suicidaires. Les ides suicidaires sont un symptôme de maladie mentale et de dépression. La personne malade peut même en émettre pour attirer l'attention de ses proches qui dans de nombreux cas sont

responsables de sa dépression qui est une peine immense et toujours circonstancielle et guérissable. Il y a toujours des éléments déclencheurs externes et si ces éléments sont résolus, la personne guérit et ne manifeste plus d'idées suicidaires qui sont très souvent des appels au secours. Au contraire, la personne appelle au secours ainsi pour manifester son besoin d'aide parce qu'elle veut rester en vie. Le gouvernement ne doit pas jouer au psychiatre et mettre ainsi la vie de nombreux citoyens te citoyennes en danger, ce peut par exemple être suite à un divorce, etc. la douleur est toujours temporaire. Comme pour les plaies physiques, les blessures mentales ont aussi besoin d'un temps pour cicatriser. C'est le même processus.

De plus, le comité mixte n'avait pas la formation nécessaire pour savoir que les idées suicidaires sont un simple symptôme de la maladie mentale et ne méritent aucunement la mort car ils sont guérissables. Cela revient à tuer par euthanasie une personne qui a mal aux dents. Si une personne a mal aux dents, on ne la tue pas, on lui fournit un spécialiste des maux de dents, soit un dentiste. On procèdera alors au traitement nécessaire qui enlèvera la douleur.

Voici quelques faits:

Un médecin interrogé à Radio-Canada sur RDI, un médecin spécialiste des soins palliatifs, qui exerce sa profession depuis de très nombreuses années faisait part à la population que dans la très grande majorité des cas, c'est un ou des membres de la famille de la personne mourante qui réclame l'euthanasie pour un proche malade, cherchant ainsi à faire taire leur propre malaise face à la mort et aux visites fréquentes dans les hôpitaux, et presque jamais la personne malade ou mourante elle-même. La population n'Est pas habilitée à faire face à la mort d'un proche ni même à la maladie d'un proche. Personne dans la population n'a de formation pour affronter ce qui dérange et nous demande de nous rendre souvent à l'hôpital. Cela est défaillant dans notre pédagogie collective. La famille a pourtant autant besoin d'être accompagnée que la personne malade ou la personne mourante, ce qui n'Est jamais le cas et pourtant, c'Est un besoin de la société à lequel personne ne répond.

À ce sujet, j'attire votre attention sur le fait qu'une personne, un enfant ou un parent n'est pas la propriété de ses parents ni de ses enfants, comme on est par exemple propriétaire d'un animal. Une personne humaine ne peut jamais être la propriété d'une autre personne et ainsi aucun membre de la famille et encore moins du personnel médical et encore moins du gouvernement ou de la curatelle publique et ainsi nul ne peut réclamer l'euthanasie d'un bébé, d'un enfant ou d'une personne handicapée ou d'un membre de la famille, de nos parents, n'ayant sur aucune autre personne, même un tout petit bébé naissant, ou prématuré aucun droit de propriété, ni de droit de réclamer ou d'ordonner la mise à mort par euthanasie passive ni active, d'une autre personne même si celle-ci est notre enfant et qu'il vient tout juste de naître. Le lien filial en est un d'amour et de devoir de protection. La famille reste néanmoins la plus grande assurance de protection d'une personne vulnérable par le lien d'amour qui la lie à cette personne, contrairement au gouvernement et au personnel médical et à la curatelle publique car ceux-ci n'ont aucun lien filial d'amour véritable pour l'enfant ou les parents d'une autre famille. Mais, le lien filial peut faire croire aux médecins que la personne peut réclamer l'euthanasie d'un enfant ou de ses parents, ce qui est faux et devient alors comparable à un hôpital vétérinaire où l'on amène notre animal car on n'en veut tout simplement plus. Cela se produit de plus en plus souvent dans les hôpitaux et menace de nombreuses personnes qui ne souhaitent pas demander l'euthanasie et le suicide assisté pour eux et elles mêmes. Ainsi de nombreuses personnes sont en danger par l''absence de conséquences de tels actes dignes d'un animal chez le vétérinaire.

Comme procureur général du canada, vous devez donc prévoir de graves sanctions juridiques contre les médecins et aussi contre les membres de famille d'enfants handicapés et d'enfants malade et de personne adultes malades ou en fin de vie et de personnes atteintes de maladie mentale qui croiraient à tort qu'ils peuvent amener chez le vétérinaire leur père, leur mère, leur enfants prématuré qui reçoit un diagnostique qu'il grandira peut-être avec un handicap et des séquelles, un enfant malade, un enfant handicapé(ée) ou un oncle ou une tante profitant par exemple d'un coma suite à un accident, etc, pour réclamer une euthanasie pour ces personnes dont selon l'article 7 le droit à la vie et à la sécurité sont gravement menacés par un proche ou une personne extérieure comme la curatelle publique ou un médecin qui souhaite par exemple libérer un lit plus vite ou même un éventuel gouvernement d'extrême droite eugéniste. On ne sait pas ce

qu'il adviendra dans le futur, mais la légalité de cet acte met en danger la vie même et la sécurité de nombreux citoyens et de nombreuses citoyens canadiens et canadiennes.

De plus, voici quelques faits et statistiques provenant de statistiques canada, donc de votre gouvernement sur les personnes atteintes de maladie mentale :

http://www.lapresse.ca/vivre/sante/nouvelles/201601/21/01-4942273-pres-de-40-des-canadiens-suicidaires-retrouvent-une-bonne-sante-mentale.php

au lien ci haut mentionnée, un article dans le journal < la presse > sur son site internet, intitulé << près de 40 % des canadiens suicidaires retrouvent une bonne santé mentale >> et écrit par le journaliste de < la presse canadienne, Montréal > publié le 21 janvier 2016 et mis en ligne à 14 heure et 21, sur son site internet, en date du 21 janvier 2016, nous informe que plus de 40 % des personnes suicidaires ne le sont plus après un certain temps et se disent même heureux et heureuses. D'avoir quelqu'un à qui parler les aident énormément et la spiritualité joue un rôle très important dans leur vie à leurs propres dires.

Ce pourcentage de personne suicidaires qui en sont totalement guéries et sont maintenant heureuses est donné par statistiques canada.

C'est donc dire que la légalisation de l'euthanasie et du suicide assisté ne doivent absolument pas tuer par euthanasie une personne qui réclame la mort par suicide assisté, car lorsqu'une personne est suicidaire, elle n'est pas capable de concevoir que son état est temporaire et que c'est seulement sa façon de voir qui est différente par la maladie et ne conçoit pas qu'elle peut s'en sortir et même en guérir. Un médecin ferait donc une erreur très grave d'euthanasier une personne suicidaire qui réclame la mort disant trop souffrir mentalement et psychologiquement. Elle n'entrevoir pas durant sa dépression de lumière au bout d tunnel noir dans lequel elle se trouve durant cette période de sa vie et les idées suicidaires sont toujours circonstancielles. La dépression et les souffrances psychologiques C'est donc dire qu'il y a toujours une autre solution car se donner la mort ou réclamer la mort n'Est pas et ne doit pas être ni devenir une option pour aucune d'entre elles.

Mise à jour février 2016

En février 2016, le comité fédéral mixte, au Canada, chargé de faire des recommandations pour légaliser l'euthanasie et le suicide assisté conformément à un ordre de la cour suprême du canada a émis dans ses 22 recommandations, et a demandé et recommandé que les personnes atteintes de maladies mentales soient incluses dans la loi les autorisant à recourir à l'euthanasie et au suicide assisté en cas de souffrances morales et psychologiques sans qu'ils soient en fin de vie. Alors, que deviendront ces 40 % de personnes qui auraient guéri de leur dépression relatives à des souffrances morales qui peuvent être atténuées et même guéries dans 40 % des cas, puisque toutes les personnes dépressives ou atteintes d'une maladie mentale sont suicidaires et que les personnes suicidaires n'entrevoient temporairement pas de solutions et sont suicidaires. Ils et elles seront donc euthanasiées alors qu'il y avait dans 40 % des cas, un espoir de guérison que nul n'entrevoit au moment de la dépression et de souffrances morales souvent temporaires, comme le démontre cet article qui nous rapporte les statistiques de santé canada.

À la lumière de ces récentes données provenant, je vous le rappelle de statistiques canada, il est impératif de ne pas inclure les personnes atteintes de maladies mentales dans cette loi qui met en danger leur sécurité comme citoyen et citoyenne du canada, leur menace leur vie même.

Le jugement de la cour suprême du Canada stipulait en 1993, que l'article 241 b de la charte restait valide et interdisait à toute personne d'inciter une autre personne à se suicider, évidemment car les personnes vulnérables sont très influençables et sont dans un état de faiblesse morale et peuvent facilement se sentir un fardeau, oubliait leur dignité réelle d'être humain et leur droit à la vie et à être soignés(es) dans discrimination comme le stipule la charte canadienne, et le jugement de la cour suprême du Canada dans l'affaire Sue Rodriuez en 1993. La cour aurait dû prendre note que la demande de Madame Rodriguez contrevenait elle-même à l'article 7 de la charte, puisque de demander à la cour de faire une loi de son jugement et de la décision de la cour suprême du Canada mettait en soi en danger la sécurité d'autrui. Il en est de même pour la présente loi que vous écrivez actuellement pour légaliser l'euthanasie et le suicide

assisté au Canada entier, pour en satisfaire quelques uns et quelque unes met en danger de mort et entrave la sécurité d'autrui comme par exemple, des gens qui ne l'auraient pas demandé et qui sont toutes des personnes vulnérables en cherchant à étendre aux personnes atteintes de maladie mentale alors que pour la majorité d'entre eux et elles, un juge a ordonné un traitement et les considère comme inaptes à consentir aussi longtemps que la cour et un juge en a décidé, lorsqu'une personne est considérée comme dangereuse pour elle-même et pour les autres. Ces personnes ne sont tout simplement aucunement capables temporairement aussi longtemps qu'ils sont dépressifs et ont ce symptôme d'idée suicidaire. Si on les considère comme inaptes à prendre quelque décision que ce soit pour eux et elles-mêmes, comment seraient-elles capables de prendre la décision de mourir et de consentir à une euthanasie ou à un suicide assisté, puisque leur état fait en sorte qu'ils ne sont pas considérés comme aptes à prendre des décisions et qu'ils sont alors sous la responsabilité de l'état. L'état ne peut pas euthanasier ses citoyens malades et ses citoyens inaptes.

vous avez le devoir de prévoir de graves sanctions contre quiconque inciterait à se donner la mort, ou à consentir par manipulation à leur mort, car ils sont extrêmement facile à manipuler par quiconque voudrait les orienter vers la mort, une personne considérée comme inapte à consentir et toute personne et enfant vulnérables. Comme une personne ou un enfant handicapé, puisqu'ils ne peuvent pas comprendre que la mort est permanente et n'est pas un traitement et que les conséquences que la mort entraîne sont définitives et irrémédiables, le sujet de la mort étant trop abstrait pour eux te elles à comprendre réellement. Il en est de même pour les personnes atteintes de maladie mentale, facilement influençables et c'est pourquoi elles sont dites être des personnes vulnérables. Il en est de même pour les petits bébés prématurés avec un pronostique de grandir avec retard de développement, qui montrent par leurs pleurs leur ferme volonté de vivre et demandent de répondre ainsi, de cette façon, la seule qu'ils possèdent, que quelqu'un doit répondre dans les plus brefs délais à tous leurs besoins pour rester en vie et être nourrir et abreuvés(es) et réchauffés et en toute sécurité. On ne peut pas laisser mourir de faim et de soif et euthanasier un enfant qui pleure pour recevoir du lait et des soins ou simplement s'il a froid, il pleure pour recevoir de la chaleur. Il manifeste ainsi sa ferme volonté de rester en vie et de faire respecter ses droits comme citoyens et citoyennes du canada avec la seule façon que la nature leur a conférée pour manifester leur désir inné et de droit de rester en vie et d'être protégé.

Il serait en effet facile de manipuler ces gens et c'Est pourquoi on les dit << vulnérables >>. Il faut bien comprendre ce mot << vulnérable >>, car une personne est vulnérable à quelqu'un ou à quelque chose et même une loi peut les menacer et renier leur droit à la sécurité. Être vulnérable, comme les malades d'Alzheimer et les gens dans le coma, c'est être en position de grande vulnérabilité face à quelqu'un ou à quelque chose et même à une loi comme la présente loi que vous êtes en train d'écrire.

Pour terminer, MONSIEUR, je tiens à vous dire que ma très chère fille est handicapée en déficience intellectuelle et elle est aujourd'hui âgée de 35 ans et j'ai constaté durant ces 35 années la discrimination dont certains médecins font preuve lors de visites médicales ou d'examens reliés à la santé. les médecins ne sont pas à l'abris de la discrimination ni même les membres des gouvernements actuels ou futurs. Je ne permettrai jamais que ma fille soit mise en danger pour satisfaire quelques individus parmi les 40 millions de citoyens et citoyennes du canada. Non, jamais je ne permettrai, que Mesdames Carter, Rodriguez ou Taylor mettent en danger la sécurité de toutes les personnes inaptes et handicapées et enfants et bébés, qui s'attendent de leur gouvernement qu'il assure leur protection complète et mur à mur en prévoyant d'importantes sanctions contre toute personne incluant les médecins ou membre de leur famille dont ils ne sont pas la propriété, et ne sont la propriété de qui que ce soit, afin de décourager fortement en agissant selon vos fonctions de Procureure Générale et en établissant et en prévoyant de très sévères sanctions contre toute personne, même les membre de la famille d'une personne ou un enfant malade ou handicapé, ou toute personne ou enfant considérés(es) comme inaptes, donc, dans l'incapacité temporaire ou permanente de consentir et très faciles à manipuler, ce qui accroit leur vulnérabilité, de demander une euthanasie pour une personne ou un bébé prématuré ou et handicapé, ou une personne handicapée ou atteinte de maladie mentale et Alzheimer et dans le coma, puisque ces personnes ont droit selon la charte à un même niveau de soins soit les soins de niveau un, les meilleurs qu'une personne riche ou une personne en vue puisse recevoir, ce que garantit la charte sans aucune discrimination. Nous sommes tous égaux et égales au canada et ces personne sont aussi de très honorables personnes et leur droit à la vie et à la sécurité que confère la charte à tout citoyen et toute citoyenne canadien et canadienne, selon l'article 7.

Ces trois femmes ont contrevenu elles-mêmes à l'article 7 car en réclamant une loi nationale, elles ont mis la vie des millions de citoyens et citoyennes du Canada en danger pour leur sécurité et votre projet de loi fait la même chose. Ce projet de loi met en danger la sécurité de millions de citoyens te de citoyennes qui ne veulent pas être euthanasiés(es) ni se suicider, mais seront avalés(es) par cette loi et le paieront de leur vie même. Votre projet de loi contrevient à l'article 7 de la charte qui garantit la sécurité et le droit à leur vie à tous les citoyens et toutes les citoyennes du Canada, car il y aura des citoyens te citoyennes vulnérables et qui deviendront un jour des personnes vulnérables qui le paieront de leur vie et ne l'auront pas demandé.

De plus, par le passé, le gouvernement avait aboli la peine de mort car la justice avait démontré que la justice elle-même peut comporter des failles et avait démontré qu'un innocent avait payé de sa vie cette légalité, Monsieur Coffin.

Ainsi, la présente loi qui veut légaliser l'euthanasie et le suicide assisté vient mettre en danger la vie de nombreux innocents et innocentes de par sa légalité, d'autant plus que ces recommandations dangereuses qui veulent englober les personnes inaptes malades ou handicapées ou inconscients et les enfants, qui sont toutes des personnes innocentes qui ne peuvent absolument pas consentir et sont extrêmement facile à induire en erreur et faciles à manipuler. Votre projet de loi est loin d'être innocent, mais pourrait s'avérer destructeur, voire meurtrier et entrainer ainsi l'eugénisme.

L'eugénisme qui est le fait de tuer toutes les personnes vulnérables et sans défenses aucunes, pour ne garder que les bien portants et productifs, est la principale caractéristique de l'idéologie nazie qui est l'extrême droite. Aucun et aucune canadiens te canadiennes ne veut de l'eugénisme ni de l'idéologie nazie d'extrême droite au Canada. Et c'Est ce que votre projet de loi avec ses recommandations promeut et veut rendre effectif.

Vous devez rejeter l'englobement des enfants et des personnes handicapées et des personnes atteinte de maladie mentale, de même que toutes les demandes d'euthanasie par le médecin, le personnel médical et infirmières et aussi de la ârt des membres de la famille de chaque personne canadien et canadienne. Vous avez aussi le devoir de prévoir de graves sanctions allant jusqu'à la prison et la radiation permanente,

vous avez aussi le devoir de prévoir de graves sanctions allant jusqu'à la prison et la radiation permanente, pour tout médecin ou infirmière ou membre de la curatelle publique ou privée, qui euthanasiera ou réclamera une euthanasie pour une personne inapte, ou une personne ou enfant ou bébé handicapé(ée) et toute personne inapte ou inconsciente et ne pouvant pas consentir, à cause leur grande vulnérabilité et du risque qui s'accroitra que ce geste de tuer, une personne humaine soit de plus en plus banalisé avec le temps et que les dangers ne s'accroissent et ne devienne la norme de tuer ses semblables. Aucun canadien et aucune canadienne ne veut de cela au Canada.

De plus, Monsieur Trudeau a promis à plusieurs reprises et répété maintes fois que cette loi ne devrait jamais mettre en danger les personnes vulnérables et qu'il était nécessaire d'assurer leur protection entièrement et mur à mur et de façon à ce que nul ne les mettent en danger et ne mette leur vie en danger. Pour parvenir à cela. De graves sanctions allant jusqu'à la radiation doivent être mise en place dès maintenant afin que le message soit clair et sans équivoque.

Un dernier point très important: le gouvernement et chaque Ministre ainsi que le Premier Ministre ne sont pas exempts de l'obligation légale de respecter chaque point de la charte, dont l'ultime objectif est de protéger les personnes et minorités vulnérables te étiquetées et ostracisées et même discriminées dans la population. C'est le cas des bébés prématurés(es) risquant de grandir avec un retard de développement, (s'ils n'étaient pas à votre liste, veuillez s.v.p. les ajouter), les personnes avec un diagnostique de trisomie 21, ou une quelconque déficience, les enfants et adultes vivant avec un diagnostique de handicap mental et physique dit lourd, qui sont extrêmement ostracises et malaimées et discriminées par une majorité de personnes, les personnes vivant avec un diagnostique de démence ou de la maladie d'Alzheimer, les mourants, les personnes branchées à des respirateurs, qui ont besoin de cette béquille temporairement ou de façon ui est prévue de façon prolongée très ostracisées aussi par le personnel médical, les personnes handicapées en déficience intellectuelle et physique, les personnes dans le coma ou avec un pronostique sombre et il est ici très important de ne pas oublier que au Québec seulement il y a chaque année plus de

500,000 erreurs médicales de la part de médecins et de personnel médical. Ces données sont disponibles sur le site internet de statistiques Canada. Ce n'est là que la pointe de l'iceberg. Il est à noter aussi que plusieurs personnes sortent du coma profond appelé << état neurovégétatif >> si on leur en donne le temps nécessaire. Ainsi plusieurs personnes sont débranchées alors qu'ils pourraient survivre et aller ensuite en réadaptation. Ces personne sont très étiquetées et faussement considérées comme mortes, dans la tête de la population et même des médecins. Certains termes tel << état neurovégétatif >> et << lourdement handicapé >> sont plus dangereux que des armes et conduisent une personne à la mort en peu de temps. la personne n'a alors aucune chance du fait du diagnostique souvent erroné. Ces personnes sont alors condamnées à mort ou vidées de leurs organes encore vivants et vivantes pour le don d'organes. On ne peut pas tuer Jean pour sauver Jacques.

Le gouvernement est tenu par la loi de respecter tous les articles de la charte, au même point que chaque citoyen et chaque citoyenne. Ainsi, le gouvernement ne peut pas mettre en danger la vie et la sécurité d'aucun citoyen et d'aucune citoyenne canadiens te canadiennes. Avec ce projet de loi et les 22 recommandations telles que présentées, le gouvernement met en péril la vie et la sécurité de toutes les personnes vulnérables. De même, la cour suprême du Canada est tenue de respecter chaque article de la charte. Le projet de loi voulant légaliser l'euthanasie et le suicide assisté au Canada ainsi que la majorité des 22 recommandations du comité mixte dérogent à l'obligation de respecter l'article 7 de la charte, car il met en péril toutes les personnes vulnérables du Canada en les englobant alors que ces personnes sont dans l'incapacité mentale et physique de consentir. Ce seront donc ainsi des euthanasies forcées ou obtenues par la ruse et la manipulation. L'article 7 de la charte agit donc comme garde-fous afin de protéger toutes les personnes vulnérables contre tout danger et contre toute forme d'intolérance et contre des associations et organismes de tendance eugénistes car les personnes vulnérables et les enfants et aussi les bébés prématurés, et les enfants et adultes handicapés(es) en déficience intellectuelle, ou physique, ainsi que les personnes atteintes de maladie mentale dont l'un des symptôme est les idées suicidaires en sachant que plus de 40 % d'entre eux te elles peuvent en guérir totalement, les bébés prématurés(es), même s'ils risquent de grandir avec un retard de développement, sont tous te toutes des citoyens et citoyennes canadiens et canadiennes à part entière et doivent ainsi être protégés(es) par des lois qui agissent comme des garde-fous et les personnes vulnérables sont d'honorables citoyens et citoyennes du Canada et qui sont protégés(es) par l'article 7 de la charte parce qu'elles sont des personnes vulnérables et des personnes mineures. Des lois punitives allant jusqu'à la radiation et la prison pour meurtre et tentative d'extermination, qui visent à décourager toute tentative de s'en prendre à ces personnes et groupes de personnes vulnérables doivent être mises en place rapidement afin que ces lois punitives agissent comme garde-fous contre des personnes et des associations et des groupes de pressions puisque toutes sortes d'idéologies circulent, et aussi l'extrême droite nazie et qui voudraient profiter de la légalité de l'euthanasie au canada pour se débarrasser de ces personnes et groupes de personnes vulnérables, incluant les malades de la maladie d'Alzheimer. C'Est là le rôle de la Procureure Générale du Canada dont le rôle est de protéger et aussi de punir. Lorsque l'on fait une loi, il faut penser aux lois garde-fous qui visent à protéger les plus faibles et les plus vulnérables, et contre tous les abus, car il y en aura toujours, des gens mus par l'intolérance face aux plus vulnérables de notre société. Les 22 recommandations du comité mixte viennent justement mettre en grand danger pour leur sécurité et même pour leur vie toutes les personnes vulnérables du Canada et contreviennent ainsi à l'article 7 de la charte. Le rôle du gouvernement est de protéger tous les canadiens et toutes les canadiennes aussi dans les hôpitaux et en tout lieu où leur sécurité pourrait être menacée. Par exemple, des enfants devenus adultes et des époux et épouses ainsi qu'un parent d'une personne handicapée, pourraient être tentés(es) de réclamer au médecin d'abréger les jours d'une épouse ou d'un époux malade ou vieillissant(te), ou de leurs parents ou d'un enfant handicapé(ée) ou d'un bébé prématuré qui a reçu un pronostique de retard de développement probable, pour en recevoir l'héritage ou pour se débarrasser d'une personne ou d'un enfant ou de parents considérées(ées) ou appréhendés(ées) comme un fardeau. La police doit donc avoir les mains entièrement libres et doivent pouvoir assurer une surveillance dans les hôpitaux canadiens et aussi au Québec, afin de protéger les personnes vulnérables ou devenues vulnérables et doivent en recevoir le mandat, car les hôpitaux deviendront pour plusieurs l'endroit le plus dangereux du monde, car tout se déroulera derrière des portes closes, ce qui ouvre la porte à tous les abus autant de la part de médecins et personnel médical que de la famille et même d'un éventuel gouvernement qui verrait là une excellente occasion de réduire les dépenses en santé et de libérer rapidement des lits. Les portes closes sont un réel danger et la police doit donc pouvoir y avoir accès en tout temps, dans tous les départements, ainsi que en gériatrie, en psychiatrie et dans tous les départements de néo natalité, car une loi autorisant l'euthanasie et le suicide assisté met en danger de mort de nombreux citoyens et citoyennes de tous âges te de toutes conditions et contrevient ainsi à l'article 7 de la charte.

Légaliser l'euthanasie et le suicide assisté, c.ets lâcher dans les hôpitaux un monstre très dangereux jadis enchaîné qui cherche des victimes et il en dévirera avec le temps le plus possible. il aurait été de loin préférable que une personne qui veut se suicider et être assistée, aille par cas par cas devant un juge, car il y aura certes des milliers d'innocents et innocentes qui ne veulent pas mourir mais qu'une telle loi qui déchaîne un monstre dans les hôpitaux et le laisse entièrement libre de tuer le plus de gens qu'il pourra le faire. S'il y a du danger qu'une seule personne innocente y trouve la mort, et il est certain que ce sera le cas, mieux vaut alors s'abstenir car le gouvernement a le devoir de protéger chaque citoyen et chaque citoyenne et non pas mettre ses citoyens en danger de mort.

De plus, au Québec, il est dorénavant interdit de poursuivre un médecin en cas d'euthanasie, comme si les médecins avaient le plein droit d'euthanasier ses citoyens et ses citoyennes. Le gouvernement a interdit à tous les procureurs de la couronne et à la police de ne prendre aucune plainte de citoyens qui jugeraient une euthanasie illégale selon la loi en vigueur, contre un médecin qui aurait pratiquée une euthanasie ou un suicide assisté même si c'Est une euthanasie illégale c'est à dire en dehors des normes de la dite loi qui légalise l'euthanasie et le suicide assisté. Cela met la population en grand danger et sans aucun recours. Cela laisse supposer que les médecins ne commettent jamais d'erreurs, ce qui n'est pas du tout le cas et la population est ainsi privée de ses droits légaux d'obtenir justice. Merci de vous concerter avec la ministre de la justice du Canada et de pallier à cette interdiction au Québec et de faire en sorte que la population ne perde pas son droit de poursuivra en cas d'euthanasie illégale selon la loi qui sera en vigueur, afin de conserver à tout prix un << GARDE FOUS >> (loi et sanctions très sévères à l'endroit de tous les contrevenants, médecins, infirmières, travailleurs sociaux et membres de la famille qui commettraient des euthanasies illégales ou des incitations à l'euthanasie ou au suicide assisté) absolument nécessaire.

Vous trouverez ci-joint un article en date du 19 avril 2016 de Madame Brigitte Breton, journaliste du journal < le soleil > sur la douleur et l'incompréhension d'une famille très connue à Québec, des gens riches et très en vue, ayant très bien réussi en affaire, qui ont récemment perdu leur enfant de 14 ans par le suicide de celui-ci. Ils parlent de leur douleur et il suffisait de si peu pour pouvoir lui tendre la main et l'aider. Oui, il faut continuer d'aider et de secourir les gens et les enfants suicidaires à tous les âges. Les idées suicidaires ne sont en fait qu'un symptôme de dépression et en tant que tel, si on soigne la dépression, souvent associée à une maladie physique ou mentale pour un temps déroutante, les idées suicidaires disparaîtront avec les autres symptômes de la dépression. Il est normal que l'on puisse changer d'idée. Il n'est pas naturel de souhaiter mourir et en tant qu'être humain, nous devons et avons le devoir de tout mettre en œuvre pour sauver de la mort les jeunes qui sont malades et de les soigner et la dépression étant une maladie, nous devons la soigner. La dépression étant une maladie comme les autres, il faut la soigner sans aucune discrimination. La dépression ça fait mal, oui, mais ça se soigne. Un mal de dent aussi ça fait mal et pourtant on ne va pas tuer les gens qui ont mal aux dents, non, on extrait la dent. On soigne ainsi la cause de la douleur et la douleur ensuite disparaît. Le mal de l'âme aussi ça se soigne en en soignant les causes car la dépression est toujours circonstancielle et temporaire. Il faut donc en détecter les causes et en soigner les causes, les ides suicidaires et la douleur de la dépression disparaissent. Pourquoi soignerait-on toutes les maladies sauf la dépression et les idées suicidaires ? c'est là de la discrimination et des préjugées.

Voici le lien pour lire cet article et merci de le lire.

http://www.lapresse.ca/le-soleil/opinions/editoriaux/brigitte-breton/201604/18/01-4972547-parlons-en-du-suicide.php?utm_categorieinterne=trafficdrivers&utm_contenuinterne=cyberpresse_B22_editorialistes_255_150_section_POS1_

parlant de garde fous, nous avons au Québec, un ministre de la santé qui est un ardent défenseur et promoteur de l'euthanasie et du suicide assisté et tente de forcer tous les médecins et institutions privées de pratiquer l'euthanasie et le suicide assisté. Cet homme, Monsieur Gaétan Barrette est un homme pour qui tout ce qui lui importe est de rentabiliser le réseau de la santé financièrement et qui est en train de tout centraliser les pouvoirs à lui-même et a tout enlevé les organismes de surveillance et de transparence du réseau de la santé pour l'obscurcir et le rendre opaque et la population le craint énormément. Il rêve

d'englober toutes les personnes vulnérables dans l'entonnoir de l'euthanasie et du suicide assisté (une vraie purge eugéniste) et il le dit publiquement. Il est en conflit d'intérêts directement et a des idées idéologiques et préconçues et il a récemment encouragé publiquement les médecins à tuer leur patients par des doses mortelles de morphine, et ce, en dehors du cadre de la loi québécoise sur l'AMM. Ce qui fait de cet élu un homme extrêmement dangereux et pernicieux qui fait passer l'argent du trésor public avant la vie même des citoyens et citoyennes malades. Merci de voir à ce que des gardes fous soient établis au Québec pour empêcher de tels individus ayant du pouvoir et avec de telles idées eugénistes et idéologiques eugénistes d'euthanasier les gens de la population québécoise canadienne pour économiser de l'argent sur les soins de santé. il a aussi ordonné aux médecins de ne plus tenter de sauver la vie d'une personne qui arrive en ambulance ayant fait une tentative de suicide et de la laisser mourir, ce qui contrevient à la loi criminelle qui ordonne à tout citoyen de porter secours et assistance à une personne en détresse et en danger de mort. de plus, des tentatives de suicide ratées sont très souvent des appels < au secours > que la personne émet pour être secourue et soignée et obtenir de façon urgente de l'aide médicale à vivre. Et non pas de réelle volonté de mourir. Merci de protéger la population du Québec contre cet homme extrêmement dangereux pour qui la vie d'un citoyen est moins importante que d'économiser quelques centaines de dollars. En tant que citoyens et citoyennes canadiennes nous voulons que nos malades soient soignés(es) à leur arrivée à l'hôpital et non pas assassinés par euthanasie passive ou active. Une tentative de suicide n'est pas un testament, mais souvent un appel qui dit : << au secours >> un appel << aidez-mois s'il vous plaît, je suis en train de sombrer, c'Est urgent que je reçoive de l'aide >>. Tous les psychiatres vous le confirmeront. Il ne faut donc pas leur refuser cette aide et traiter la dépression comme toute autre maladie qui requiert des soins urgents.

Dans l'attente d'une réponse claire et de décisions fermes de votre part et dignes de votre rôle qui est à la fois de protéger et de punir.

Soyez assuré Monsieur, de foute ma considération.

s.19(1)

opinions

ÉDITORIAL

A Soleil / Paine da

Parlons-en du suicide

BRIGITTE BRETON

bbreton@lesoleil.com



l est important de parler du suicide, estiment Alexandre Taillefer et Debbie Zakaib dont le fils de 14 ans a mis fin à ses jours en décembre. Cela s'impose en effet. Et pas seulement du suicide chez les jeunes. Chez les «vieux» aussi de plus de 35 ans où les taux sont encore plus élevés. Les dernières données suggèrent que la baisse du taux de suicide amorcée au Québec au début des années 2000 semble s'estomper. Veillons individuellement et collectivement à ne pas perdre les gains réalisés.

Il faut beaucoup de courage et de force aux parents Taillefer-Zakaib pour témoigner comme ils l'ont fait à l'émission Tout le monde en parle et au micro de Catherine Perrin de Radio-Canada. Même si leur voix est étreinte par l'émotion, même si les mots viennent parfois difficilement puisqu'il s'agit d'expliquer l'incompréhensible et l'extrêmement douloureux — leurs paroles sont très précieuses. Merci.

Québec doit continuer d'être alerte en matière de prévention du suicide

Leurs paroles sensibilisent ceux qui n'ont jamais été confrontés à une telle horreur. Elles alertent ceux qui s'inquiètent de la détresse et de la santé mentale d'un proche. Elles rejoignent celles de personnes qui ont vécu un drame similaire et vivent ce deuil particulier. Leurs paroles appellent à la vigilance, à la prévention. Elles poussent à s'arrêter à une réalité qui a frappé 1110 familles en 2014 et à nous demander si le Québec fait collectivement tout ce qu'il peut pour éviter que des personnes de moins de 14 ans, de 33 ou 70 ans décident volontairement de s'enlever la vie, de «partir avant nous par choix», comme le dit M. Taillefer.

Ce père endeuillé est persuadé que le Web peut jouer un rôle et servir à alerter quelqu'un si l'utilisateur d'un site manifeste des idées suicidaires. Il croit que si Twitch et Amazon avaient sonné l'alarme, le sort de son fils aurait pu être différent. Il faut bien sûr exploiter cette voie, innover. Aucune avenue ne peut être négligée lorsqu'il s'agit de sauver des vies ou d'apaiser la souffrance. Mais il faut aussi voir la problématique dans sa globalité.

Il fut un temps où le suicide était un véritable fléau chez les jeunes. Le Québec, en se dotant en 1998 d'une stratégie d'action par rapport au suicide, a réussi à faire reculer le taux de suicide, notamment chez les jeunes. Les coupes budgétaires, entre autres en santé publique, la réorganisation du réseau de la santé et des services sociaux, le manque d'accessibilité à certains services de santé risquent-ils de mettre en péril les progrès réalisés?

Comme pour tout autre phénomène, il faut se demander si nos modes de prévention, d'intervention et de suivi des personnes atteintes de maladies mentales sont adaptés à la réalité et à l'état des connaissances de 2016 et répondent bien aux différentes clientèles.

L'an dernier, un collectif réclamait au ministre Gaétan Barrette que l'accès aux services de psychothérapie soit assuré (comme le fait notamment l'Australie), déplorant que trop de

malades doivent se contenter de prendre des médicaments pour soi gner leurs troubles mentaux, faute d'argent ou d'assurance privée pour se payer des séances de psychothé rapie. Le collectif, mais également le Commissaire à la santé et au bienètre, ont suggéré au ministère de la Santé et des Services sociaux de donner priorité aux enfants et aux moins de 25 ans, de même qu'aux adultes sans assurance privée. Leur demande est toujours sans réponse.

Une telle approche serait coûteuse? Le Commissaire l'a évaluée à 400 millions \$. Selon lui, des études estimaient que la facture de services médicaux pouvait en contrepartie être diminuée de 20 à 30 % avec la psychothérapie. Le Québec pourrait aussi baisser le taux d'absentéisme au travail, la consommation de médicaments et le taux d'hospitalisation. Et sans doute également, sauver de précieuses vies. Conformer® Envelopes U.S. Pat. No. 6,820,799, Canadian Pat. No. 2,418,571 CONFORMER® is a registered trademark of Conformer Products, Inc.

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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 11:04 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Assisted Dying Legislation - Too Restrictive

s.19(1)

From:

Sent: April 17, 2016 4:47 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.; Trudeau, Justin - Député

Subject: Assisted Dying Legislation - Too Restrictive

Dear Mesdames and Sir:

This e-mail is to urge you to remove some of the restrictions from this proposed legislation.

There is absolutely no reason why someone of sound mind should be unable to authorize assisted death for a time in the future when they are not competent to do so. Is my "intolerable suffering" mitigated by the fact that I also have dementia? Of course not. There is no difference between this type of pre-authorization and that of a living will or the instructions given by patients entering hospital for surgery, etc. I have not heard anyone in government speak to the rationale behind this restriction and this restriction in no way reflects recommendation 7. of the Report of the Special Joint Committee on Physician Assisted Dying.

As well, what does "suffering intolerably" mean? It would certainly mean different things to different people. And who will make that judgment? Will my doctor take my word for it that I'm suffering intolerably or will there be a protracted argument? And why must I, of sound mind, wait for 15 days after my wishes are expressed? This "reflection period" may mean that "dying with dignity" is not even an option.

Why must two medical practitioners verify the person's condition? In many areas of this country, it is almost impossible to gain access to a doctor, let alone a second doctor who may or may not know you or your situation. Going into hospital seems to be the only solution to this and that is what so many of us wish to avoid in the first place.

And, lastly, who will decide whether my death is "reasonably foreseeable"? And exactly what does that mean? A week, a month, six months, a year?

Please reconsider some of these restrictions. As a proud and very active supporter of the Liberal Party of Canada, I did not conceive that this legislation would be so timid, especially after publication of the Joint Committee Report. This legislation will only cause more Charter challenges, more patients to suffer unnecessarily, and more of the "underground euthanasia" that is currently practiced.

Respectfully,

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Ministerial Correspondence Unit - Justice Canada

716-012686 7764-FICE

From: Sent:

April-18-16 10:38 PM

To:

David Lametti

Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject: Appuyons la législa

Appuyons la législation centrée sur le patient dans l'aide médicale à mourir

modified form Lik

Dear David Lametti MP,

Voici mon commentaire non-rédigé d'avance: Mr. Lametti, je sais que cette pétition est bancale car préparée par des non-francophones qui ont fait ce qu'ils ont pu en toute bonne foi.

Ceci dit... je comprends les scrupules de certains médecins qui s'objectent selon leur conscience à participer à ce geste humaniste. Toutefois il faudrait les exclure du processus dans ce cas et ouvrir la porte à des gens plus compatissants et réceptifs à la volonté des gens qui souffrent: brisez ce monopole arbitraire entre les médecins et la population qui en est l'otage. Donnez-vous, et à nous tous, le droit de mourir dignement sans de longues souffrances, atroces et inutiles. Brisez ce monopole des médecins sur notre mort, car il ne s'agit pas de santé : il s'agit du choix d'un mourant souffrant et souvent impuissant.

En tant que résident de votre circonscription, j'entre en contact avec vous aujourd'hui pour vous prier d'exprimer votre appui envers une législation encourageant l'accès juste, sécuritaire et opportune à l'aide médicale à mourir pour les patients les plus désespérément malades du Canada. Plus particulièrement, je vous demande d'adhérer aux recommandations formulées par les députés et les sénateurs siégeant au Comité mixte spécial sur l'aide médicale à mourir.

Le rapport du comité, intitulé « L'aide médicale à mourir : Une approche centrée sur le patient », est un triomphe pour les droits des patients au Canada. Il met le sort des malades canadiens au cœur du débat et il souscrit à l'esprit de la décision de la Cour suprême quant à l'arrêt Carter c. Canada. Les 21 recommandations du comité doivent servir de fondement pour une nouvelle loi sur l'aide médicale à mourir.

Les recommandations qui doivent être intégrées à la nouvelle loi incluent:

- Les individus avec un diagnostic de maladie évolutive grave telle que la démence doivent avoir le droit, tandis qu'ils en sont encore capables, de faire des demandes d'aide à mourir à l'avance. Huit Canadiens sur dix appuient ce choix et il constitue une composante essentielle de la législation centrée sur le patient pour l'aide médicale à mourir.
- Le gouvernement fédéral doit collaborer avec les provinces pour veiller à ce que tous les hôpitaux, centres de soins palliatifs et établissements de soins de longue durée financés par l'État permettent l'aide médicale à mourir dans leur établissement. Les organismes de soins de santé qui bénéficient de fonds publics ne devraient pas avoir le droit de

refuser aux patients leur droit, soutenu par la Charte, à mou	rir dans la paix avec l'aide d'un médecin.
 Ottawa doit collaborer avec les provinces pour mettre au pour les patients désespérément malades dont les médecins inacceptable de condamner les patients à une mort horrible, référence. 	s ne sont pas disposés à offrir l'aide à mourir. Il est
Veuillez écouter la voix des 85 % de Canadiens qui appuient Nous méritons un cadre pour l'aide à mourir qui assurerait le citoyens les plus vulnérables du pays. Il est maintenant tempéquitables — d'adopter des lois qui, une fois pour toutes, do souffrances insupportables. Je vous remercie de votre attent	e respect du choix du patient tout en protégeant les os de mettre en œuvre ces recommandations justes et onneront aux patients la véritable liberté de choix face à des
Ceci dit je comprend les scrupules de certains médecins qu humaniste. Toutefois il faudrait exclure du processus dans ce réceptifs à la volonté du peuple souffrant: brisez ce monopo	e cas et ouvrir la porte à des gens plus compatissants et '
	s.19(1)
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16-012719 MCUED5

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 9:14 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Bill C-14 Needs Conscience Protections

0013

s.19(1)

From:

Sent: April 17, 2016 6:26 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure. I am a retired nurse who knows first hand the ramifications of a lack of protection for health care workers.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force, the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'information

R16-012725 MCUEDI

Ministerial Correspondence Unit - Justice Canada

From:	
Sent:	

April-18-16 9:56 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject: I am against Euthanasia (bill C-14)

140013 J.A.

Hon. Jody Wilson-Raybould,

I am a constituent from

I am writing to you because I am opposed'

to government-sanctioned killing.

I am against the taxpayer money being used to pay for assisted suicide. By forcing Canadians who are morally opposed to assisted suicide to participate in it through their tax dollars the government is forcing Canadians to do something against their conscience.

I would rather see our government invest our tax dollars into palliative care. Currently in Canada only 15-30% of Canadians have access to palliative care. What this means is that Canadians who otherwise might have chosen palliative care if it was available to them may choose assisted suicide instead. This is unjust. Canada must invest into palliative care for all Canadians before investing in assisted suicide for all Canadians.

I am very concerned and disagree that physicians are being forced against their conscience to participate in assisted suicide. This is a breech of the Canadian Charter of Rights and Freedoms.

Thank you!

s.19(1)

R 16 -01 852 MULEDZ 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 5:15 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Draft Bill on Medically Assisted Dying: A Great Disappointment

From:

Sent: April 18, 2016 5:13 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Cc: Trudeau, Justin - Député

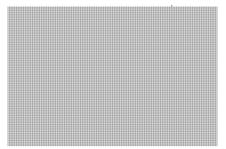
Subject: Draft Bill on Medically Assisted Dying: A Great Disappointment

To the Honourable Minister of Justice and the Honourable Minister of Health.

As a Liberal Party voter for decades, I am greatly disappointed in the draft Bill on Medically Assisted Dying. I was impressed by the report and recommendations of the Parliamentary Committee as they provided a template which addressed the issue of choice in a way that is lacking in the draft Bill. The progressive nature of dementia requires the use of an advance directive in most cases, and yet there is no provision for this in your Bill. My mother died from Alzheimer's Disease, and I have no wish to prolong my life without memory or possession of my mental faculties. This view will not change. I can draw up a will which has full legal weight upon my death, but I cannot draw up an advanced directive for the nature of that death under your Bill. This must change. Also people suffering from severe mental illness must not be forgotten. Given the lack of political will to address these matters again, I fear that there will be no further revisiting of these matters once a bill becomes law, until yet more court challenges can be heard at great cost to individuals and to the country.

If you will not consider including provision for advanced directives appropriately prepared, or access to medically assisted dying for those suffering severe mental illness, I request that the present draft Bill be referred to the Supreme Court as I am sure that it does not meet their expectations, or the majority of Canadians who want choice and compassion from their government - as exhibited by both the Supreme Court of Canada and the Parliamentary Committee.

Regards,



s.19(1)

Released under the Access to Information Act /

Divulgé(s) en vertu de la Loi sur l'accès a

A 16-013110

M(L D5

L 40013

Chr R16-003563

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 4:36 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada

FW: Medical aid in dying and palliative care

Importance:

High

s.19(1)

From:

Sent: April 18, 2016 4:32 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Medical aid in dying and palliative care

Importance: High

Dear Minister Wilson-Raybould and Minister Philpott,

As a long time palliative care volunteer, I am strongly opposed to the statement found on the Justice website that says MAID will not be available in palliative care units. (See text quoted below) Wow. I am dumbfounded. It must not be an 'either / or" situation whereby a patient has to decide to either go to palliative care or maybe possible want MAID. NO! My experience is we need excellent palliative care, ideally at home where the patient will be kept comfortable until death. Care in hospice palliative care must also focus on patient comfort and their wishes. If at any time the patient decides they are suffering intolerably, they must be allowed seamless access to MAID. Seamless access means they must not be transferred out of PC and into a death ward to die.

Statistically speaking pain is well managed in 92-95% of patients and this may change for a particular patient as death draws near. So if I am in palliative care and I do reach a point where I am suffering intolerably, I must be allowed my Charter right to have MAID. Going into palliative care must not mean I give up a Charter right and opt out of MAID forever. That is cruel.

I do understand that up to now, palliative care promised not to hasten death nor prolong life. But just as there is a paradigm shift with the Supreme Court of Canada decision of Carter v. Canada, palliative care must also change. Yes they should not hasten death UNLESS the patient makes a specific request for MAID and they meet the criteria.

Please adjust your recommendations on this important subject before it's too late. Medical aid in dying must be part of the continuum of services in palliative care. Anything less would mean we deprive PC patients of a Charter right. We need to rethink and evolve the raison d'être of hospice palliative care.

Regards,

Reference: http://www.justice.gc.ca/eng/cj-jp/ad-am/faq.html

"Would medical assistance in dying be part of palliative care?

The principle of palliative care is that dying people and their families are made to be as comfortable as possible, and to feel as dignified as possible, while dying from natural causes. Most palliative care specialists consider medical assistance in dying to be something different from palliative care. It would be up to the provinces and territories and medical institutions to determine where medical assistance in dying services would be offered."

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre < PM@pm.gc.ca>

Sent:

April-18-16 2:29 PM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding the issue of physician-assisted death.

Please be assured that your comments have been carefully reviewed. As your email has already been sent to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, I am certain she will have appreciated being made aware of your views. In addition, I have taken the liberty of forwarding your e-mail to and the Honourable Jane Philpott, Minister of Health, for her information.

Thank you for writing to the Prime Minister.

S. Russell **Executive Correspondence Officer** Agent de correspondance de la haute direction

>>> From:

Received: 09

Mar 2016 10:19:48 PM >>>

>>> Subject: Concerning Euthanasia and Assisted Suicide >>>>

Dear Mr. Justin Trudeau, Minister Jody Wilson-Raybould, and Mr. David Sweet, I understand that you and your government plans to introduce a law regarding Medical Aid in Dying (MAID). As your government continues to inform itself about how to frame the law, you will undoubtedly consider the report of the Special Joint Committee on Physician Assisted Dying. I'm sure that you are aware that the scope of those recommendations shocked many Canadians. In light of all of this I am urging you to write a law that is as restrictive as possible. The very idea of helping people commit suicide is offensive to millions of Canadians and clearly at odds with provincial and territorial initiatives to prevent suicide. To many Canadians, the recent events bring a deep sense of sadness and horror. Please, I respectfully urge you, respect and include the perspective of millions of Canadians who see any legalization of euthanasia and assisted suicide as unconscionable and ultimately harmful, not only to our own beliefs, but to the very well-being of our country. In particular I urge you to

consider these recommendations:

- Please do not require physicians, who by conscience are opposed to euthanasia, to refer patients to a doctor who would perform the 'procedure'. Patients would be free to seek a doctor willing to assist their suicide on their own.
- Please make the process inclusive, by listening to the informed and highly educated opinions of those like ethicist Margaret Somerville who despite their belief that the notion of MAID is by nature wrong, have provided advice on how to minimize the harm. There is no shortage of noteworthy academic and social commentary experts who find grave s fault with MAID and can offer constructive advice. Please allow yourself to hear these voices.
 - Please exclude anyone not of adult age.
 - Please have robust safeguards in place for those who suffer from

any mental illness.

- Please have robust checks and balances in place for those who will approve, carry out and report MAID requests.
- Please include a before-the-fact reporting requirement intended to prevent instances of finding out too late that there was a problem with the request for or administration of the MAID.
- Please have processes in place which prevent impulsive or rash decisions for those expressing a wish for MAID.
- Please consider including some form of family member consultation when a loved one is requesting MAID. Imagine finding out after the fact that your father, mother, son or daughter had been assisted in ending their life by suicide and thinking that you might have been able to offer another path. Loss of a loved one is a deeply personal family matter.
- Please examine the potential intersection of elder abuse and MAID, particularly cases of economic pressure to request MAID. Many experts have suggested that those who suffer greatly will see themselves as a burden on our health care system and families, and feel pressure to request MAID.
- Please establish a committee to explore ways to support the capacity of families and society to care for the elderly and those who suffer any physical or emotional anguish. The question, 'why have we gotten here to a place where ending life is seen as the solution to suffering?' would be worth exploring.

Above all, please do not dismiss the millions of Canadians who see MAID as inherently wrong and damaging to the long-term health of our society.

Only God has the right to give and take life, and let us not try to put ourselves in His place, and take our lives into our own hands. Every human being has the right to live, not the right to die. The issues around euthanasia have not been systematically aired and clarified, and Canadians are on the verge of having to deal with decisions about their loved ones that cannot be unmade. Many aspire to a way of caring for our elderly and suffering in a meaningful rather than expedient manner. I urge you to choose a cautious and careful path on a matter that so profoundly affects Canadians and their families. Please see the attached short video about the devastation legal euthanasia has caused in Belgium. May our country not fall into this same horror. Vulnerable: The Euthanasia Deception - Documentary Promo

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.1 [
Thank you for considering my requests. Sincerely,		

216-013238 MONEST P 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 12:39 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 - Limitations - Request for Amendment

s.19(1)

From:

Sent: April 18, 2016 12:27 PM

To: Trudeau, Justin - Député; Philpott, Jane - M.P.; Wilson-Raybould, Jody - M.P.

Cc: Leitch, Kellie - M.P.

Subject: Bill C-14 - Limitations - Request for Amendment

Dear Right Honourable Prime Minister, Honourable Minister of Health and Honourable Minister of Justice/Attorney General

While I am pleased that the government of Canada has introduced a Bill to support medical assistance in dying, I am writing to you to express concern about its limitations. Specifically, I am disappointed that it fails to allow individuals with a diagnosis for a severe illness, while they are still sound of mind, to make advance requests for assisted dying — requests that will only be carried out once certain strict, pre-stated conditions are met.

I have seen though my career working with long term care services and my personal experiences, the impact that dementia and other medical conditions that render one incapable can have on individuals and those they love. Many so affected, while capable, had expressed their concern that they did no want to continue living when they could no longer enjoy a quality of life of meaning to them and could not recognize friends and family and interact with them in a loving way. Specifically, I want access to medical assistance in death should I develop a dementia or other condition that results in my inability to care for myself, communicate, recognize family and friends and enjoy leisure activities

In addition, an advance care directive for those of us who may develop dementia would avoid facing a terrifying set of choices: either access assisted dying too early, while we are still competent; or wait until it is too late, only to endure the exact suffering and indignity we seek to avoid. In addition, many of us could be barred from access entirely because our suffering, while still competent, will not be severe enough to satisfy the eligibility criteria laid out in the Supreme Court's decision in Carter v. Canada.

Since 80% of Canadians (Ipsos Poll 2016), support allowing assisted death if a request for such is made in advance while competent, it is not clear why you have failed to accommodate the majority's wishes and indeed the recommendation of your own advisory committee.

I ask that you to respect the Charter rights of Canadians who want a full range of end-of-life choices in the face of a dementia or other medical diagnosis that results in incapacity to make a decision. Please amend this Bill C 14 to include advance consent for assisted dying.

Yours truly,



s.19(1) •

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'information.

RIG-013245

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>

Sent:

April-18-16 5:02 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: April 18, 2016 2:02:11 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

APR 1 9 2016

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s.19(1)

Dear Minister,

The recommendations brought forth by the parliamentary committee in their study of the physician-assisted suicide and euthanasia issue do not protect some of the most vulnerable people in our society – the mentally ill and individuals suffering from dementia.

Our medical institutions and healthcare professionals who do not support assisted suicide will be denied their Charter rights and asked to participate in this practice.

Will you represent my choice and vote to assist people to live not to die?

Sincerely,

ANSTER OF METERS

ZU KRICT O 2-12

KICHALL LOU

The Hon. Jody Wilson-Raybould 1245 West Broadway Suite 104 Vancouver, B.C. V6H 1G7

RECEIVED
APR 1 9 2016

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A 6- 6 M(UEOS 140613

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-19-16 5:01 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada

s.19(1)

FW: Bill C-14

W R16-11076

From:

Sent: April 19, 2016 3:44 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

Dear Ms. Wilson-Raybould,

I am profoundly disappointed by the proposed new Assisted Dying legislation. Bill C-14 is not an accurate reflection of the will of Canadians.

Bill C-14 is so restrictive that people like Kay Carter would not even qualify! Perhaps even more importantly, Bill C-14 contradicts the wishes of the 85% of Canadians who support Assisted Dying. It is so restrictive that it doesn't uphold the spirit of change and compassion that that informed the Carter decision.

It shocks me that by not allowing Advance Consent, Bill C-14 condemns people with horrible diseases like dementia, ALS, and Huntington's disease to die cruel, lingering deaths... the very outcome that the Supreme Court, in its wise decision, sought to avoid. In this respect, Bill C-14 even goes against its own committee's recommendations...

Repeated personal experience has taught me the vital importance of Advance Consent:

In summary, the law demanded that they endure the only legally sanctioned means to end their own lives — which was also tantamount to torture. It was my hope that Bill C-14 would put an end to this madness! Please what are we trying to accomplish with this bill? It does not set any of this right!? Are we really so cowardly in the face of the Religious Right that we are too afraid 'to do the right thing'. We all know that needing to starve and dehydrate yourself to death is tantamount to torture and 'is not right', but this bill proposes that we continue to do it. It leaves desperately ill Canadians without anywhere to turn.
We cannot call ourselves a civilized nation if we do not offer Advance Directives and Assisted Dying to people with all illnesses. The logic (of the Religious Right) that "suffering is good because it brings you closer to God" is bizarre and shocking; it might belong in a catechism of believers, but it should certainly not factor into Canadian legislation. Rather, it is a bald attempt to impose upon all Canadians a religious view of a minority arrogant enough to claim that they know the will of God.
However, despite the baseless and cruel 'logic' of this view, it appears to have succeeded in shaping the new legislation. It seems odd and a little bit telling that 9 of the 27 intervenors were either Catholic, Evangelical, Unitarian or Christian organizations. Other intervenors included "The Physicians Alliance against Euthanasia" and the "Euthanasia Prevention Coalition". Over half of the intervenors were directly opposed to euthanasia while 85% of Canadians are in favour.
I also find it troubling that the legislation stipulates that death must be 'in the reasonably foreseeable future'. What about the many, many Canadians who are in unbearable pain with no end in sight? Spinal stenosis is not a terminal illness so Kay Carter would not have been eligible for Assisted Dying The Supreme Court deemed it "cruel" to condemn someone to "a life of severe and intolerable suffering". Under Bill C-14, "grievously and irremediably ill" people would still be "condemned to a life of severe and intolerable suffering". The Supreme Court deemed this as "cruel". The new legislation was supposed to provide these grievously suffering people with a more compassionate avenue. Bill C-14 fails to do what is set out to do.
Historically speaking, it seems as though one of the reasons that Assisted Dying has not already become legal is that politicians of a certain persuasion were of a mind that there was "no political capital to be made by passing new legislation". When the Supreme Court forced action, it appears that undue weight was accorded to the anti-assisted-suicide beliefs of the outspoken religious minority and, as a result, the current Bill, if enacted, will in its turn be found unconstitutional by the Supreme Court, and another go-round will be required before the large majority of Canadians get what they deserved to have all along: the option of a dignified, compassionate assisted death.
I believe Advance Consent is the only way to treat those we love with compassion and dignity. I appreciate your time and trouble very much.
Yours respectfully

Page 813 is withheld pursuant to section est retenue en vertu de l'article

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of the Access to Information Act de la Loi sur l'accès à l'information

816-013062 MCWED8 1400/3 PC #

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Parliamentary debates and votes in view of the **NEW LAW for CANADA** TO BE PROMULGATED By June 6th, 2016 with regard to EUTHANASIA.

POINT 1:

Whatever euphemistic definition such as: death with Dignity, Assisted Suicide, Assisted Dying, Compassionate HealthCare, etc. has been and will be used to DESCRIBE THE ACTION, the result is still and will remain

"THE KILLING of HUMAN LIFE".

POIN 2:

I cannot think of anything more degrading and far reaching <u>ANTI-CONSTITUTIONAL</u> for a doctor than to be denied **FREEDOM OF CONSCIENCE** and to be **forced BY LAW**, to practice medicine and healthcare under such circumstances, including to be requested to make referrals to 'get the job done'. POINT 3:

To leave the MENTALLY ILL, CHILDREN UNDER EIGHTEEN, people suffering from PSYCHLOGICAL ILLNESSESS without protection or proper care is not worthy to be called compassionate human care. What prevents the future inclusion of the physically challenged or depressed? Point 4:

Modern medicine CAN prevent pain to bearable levels. **Death** MAY BE the eventual **UNPREMEDITATED** result of a treatment but **it should never be the AIM**.

HAVE WE NOT LEARNED FROM HISTORY? This type of governmental and political thinking and laws once led to the total breakdown and destruction of a wealthy and healthy society? When "eventually those who were no longer perceived to be contributing positively to the 'Wealth of the Nation' – or the political ambitions of its leaders – were put into institutions or concentration camps to be eliminated?

IT STARTED WITH EUTHANASIA!



Dear

Thank you for taking the time to send me your feedback regarding physician assisted death. I note with interest that you agree with the Special Joint Committee's recommendations.

I have also noted your view that independent nurse practitioners should play a greater role in the process.

Please keep me let me know of any response you receive from the Honourable Minister of Justice and the Honourable Minister of Health.

Yours truly, Geoff Regan

Geoff Regan, M.P | Member of Parliament for Halifax West 2 902-426-2217 | 4 902-426-8339 facsimile | www.geoffregan.ca 1496 Bedford Highway | Suite 222 | Bedford, NS B4A 1E5



Before printing, think about the Environment

This e-mail and/or attachments contained herein is intended solely for the person or entity to which it is addressed and may contain confidential and/or privileged information. Any review, dissemination, copying, printing or other use of this e-mail and/or attachments by persons or entities other than the addressee is prohibited. have received this e-mail and/or attachments in error, please contact the sender immediately and delete the material from your computer.

From:

Sent: Saturday, February 27, 2016 9:11 AM

To: geoff@geoffregan.ca; geoff.regan@parl.gc.ca

Cc: Jody.Wilson-Raybould@part.qc.ca; Jane.Philpott@parl.qc.ca Subject: Special Joint Committee on Physician-Assisted Suicide

The Honourable Geoff Regan, MP for Halifax West, and House Speaker.

Dear Geoff.

I appreciate the need for you, as House Speaker, to maintain neutrality on issues, but as one of your constituents, I just wanted to share with you my view that the Special Joint Committee on Physician-Assisted Suicide got it right in its recommendations for moving forward on this important matter that directly or indirectly impacts every Canadian. The Committee achieved reasonable balance between autonomy of the individual (which for me is paramount) and safeguards. However, in light of the continuing angst of the medical profession, my only quibble is that the recommended processes remain too physician-controlled, and I would be far more comfortable if authority and responsibility were extended to include independent Nurse Practitioners.

I have copied the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, so they are aware of my views.

Page 816 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

But any "grievous and irremediable" medical condition causing "intolerable" suffering that can't be ameliorated through any treatment acceptable to the patient would make that person eligible for assisted death, no matter how imminent or distant their death appears to be.

Quebec's law, which says people need to have a terminal illness in order to be eligible for assisted death, would probably not be considered compliant with the Carter decision — but someone would have to challenge it in court in order to change it.

WATCH: Quebec man starves himself after not qualifying for physician-assisted death



How do you make sure someone is mentally capable of making these decisions?

Canada has ways of assessing consent and capacity that physicians use all the time to determine whether someone has the mental competence to make decisions about their own wellbeing.

It's likely this same framework would be used to ensure a patient who says he wants help dying has the insight and understanding to appreciate what that means and to make that request in an informed way.

You can be mentally capable of making some decisions but not others: Someone who is competent in other regards could still be found to lack the capacity to consent to assistance in dying.

(If existing psychiatric assessments are found to be inadequate for assessing mental competence in requesting death, it could lead to their being improved across the board.)

What do doctors think of all this?

The Canadian Medical Association would rather have clear legislation. But they'll deal with whatever regulatory landscape they're facing come June 7.

"The principles from the Carter decision would apply unless a province or territory enacted more specific legislation," said Jeff Blackmer, the Canadian Medical Association's vice-president of medical professionalism.

A lack of clear laws could make some doctors reluctant to touch the issue at all, he said

"The average physician, they would really have very little idea. And so those people, I think, would say, 'We're going to wait for legislation."

In the absence of laws passed by governments, physicians will be bound by regulations their provincial colleges set.

Colleges of Physicians and Surgeons in every province but Quebec have released interim guidelines for their members.

The Canadian Medical Protective Association, which gives doctors medical-legal advice, is telling its members, has a brief assisted death explainer on its website telling doctors to follow their College's guidelines or call the association if they're confused.

What about nurses and pharmacists?

The Liberals' Bill C-14 would let nurse practitioners administer assistance in dying as well as physicians. The Supreme Court's Carter ruling only mentioned "physician-assisted" death, so nurses probably wouldn't be allowed.

Pharmacists, however, aren't mentioned in the Carter ruling. But someone would have to dispense the drugs used to end people's lives.

"I cannot see anybody charging a pharmacist with assisting a suicide," Taylor said.

Canada's pharmacists' association would rather not take that chance.

"We are pleased that Bill C-14 acknowledges pharmacists' role in this regard and extends such protections," a spokesperson wrote in an emailed statement.

"We strongly urge all parliamentarians to work together to ensure that appropriate legislation is passed by June 7. Until it is certain that the government will not meet the deadline, it would not be appropriate to comment on speculation."

What about conscientious objection?

This will be left to the provinces and provincial Colleges of Physicians and Surgeons regardless whether C-14 passes.

As Health Minister Jane Philpott emphasized last week, no one is going to be forced to help someone die ff that goes against a deeply held belief.

But there's still some disagreement as to what should happen when a doctor is faced with a request for death they can't provide: Do they need to go through all the steps of making a referral? Is it enough to refer the patient to a hotline that will connect them with a willing physician?

"Physicians are not being compelled to provide medical assistance in dying, and ... there are some physicians who don't feel comfortable making a direct referral," Forbes said.

Assisted death: What happens if there's no new law? - National | Globalnews.ca

Page 4 of 4

She'd like to see an information line set up that patients can call.

But the medical association expects its members to talk to their patients about all their end-of-life options, including assisted death, no matter what the doctor thinks of those options

But assisted death advocates will be watching closely to ensure objecting clinicians don't shirk their duty to patients, Taylor said.

"Nobody wants to force anyone to participate in the physical administration of the drugs. At the same time, you cannot abandon patients. This is a personal decision they're making for themselves," Taylor said.

"If you can't even refer the patient on to another practitioner who's willing, I think you have to scriously rethink the choice of career that you've made."

16-012925 MCUED1 140013 J.A.

Dear Minister Wilson-Raybould,

s.19(1)

My name is.

I am very concerned about the recommendations of the Special Joint Committee on Physician-Assisted Dying regarding the implementation of medical aid in dying (MAID) in Canada.

Recommendation 10 requires doctors to be willing to provide an "effective referral" for MAID. The Committee claims to support conscience rights of the physicians, but this recommendation directly violates the rights of physicians who believe that MAID is wrong, and who understand that by providing an "effective referral", they are morally complicit in the act of MAID. Canada would be the first country in which "effective referrals" would be required by law, coercing doctors to act against their will if they wish to stay in their profession. Currently, there is no such Canadian law for other forms of medical care.

I am very concerned about my own freedom of conscience, guaranteed in the Charter of Rights and Freedoms, and my ability to practice while keeping my personal integrity intact. If "effective referrals" of MAID were legislated, I would be restricted in my practice of medicine and unable to provide the care my patients deserve. This makes me unable to make full use of the personal and public resources that have been invested in my training.

Recommendation 3 promotes access to MAID for people living with mental illness. As the Dissenting Report indicated, the implementation of this recommendation would result in inadequate safeguards around MAID and could lead to additional discrimination against a population that is already marginalized. Mental illness can affect a person's capacity to make fully reasoned decisions with long-term consequences, and mood disorders such as a major depressive disorder can limit a person's ability to envision a hopeful future. Patients with mental illness are made unnecessarily vulnerable to a situation in which they choose MAID because they cannot perceive any other options.

Recommendation 11 requires all publicly funded healthcare institutions to provide MAID. This recommendation represents discrimination on the basis of conscience against healthcare institutions that are founded on religious and moral principles. There is no need to mandate that all publicly funded healthcare institutions provide MAID in order to insure access. There are many services, such as radiotherapy and dialysis, that are not provided at smaller centres and patients are transferred between institutions on a daily basis.

In summary, if the recommendations from this committee were to be put into legislation, the criteria for MAID would be far too expansive, unnecessarily leaving room for abuse of the vulnerable. By mandating physicians and healthcare institutions participate in MAID, these recommendations ignore conscience rights and discriminate against qualified doctors based on their religion or creed.

Thank you for your attention and urgent action regarding this crucially important matter.	7.7
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N.D. RIL-0137373 MCUEDA 140013

APR 1 9 2016

MENSTER OF JUSTICS
CHARTER DE LA CUSTICS
CENTRE DE LA CUSTICS
CENTRE DA COMPANION

Dear Minister,

The recommendations brought forth by the parliamentary committee in their study of the physician-assisted suicide and euthanasia issue do not protect some of the most vulnerable people in our society – the mentally ill and individuals suffering from dementia.

Our medical institutions and healthcare professionals who do not support assisted suicide will be denied their Charter rights and asked to participate in this practice.

Will you represent my choice and vote to assist people to live not to die?

s.19(1)

Sincerely `

s:19(1)

Divulgé(s) en vertu de la Loi sur l'accès à l'information 013106

Mes-File 140013

Ministerial Correspondence Unit - Justice Canada

From: Sent:

April-19-16 6:03 PM

To:

Marie-Claude Bibeau

Cc:

Hon. Jane. Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Appuyons la législation centrée sur le patient dans l'aide médicale à mourir

Dear Marie-Claude Bibeau MP,

medition form

Madame,

Je me joins à tous les canadiens qui souhaitent une mort plus douce pour les gens qui ne peuvent plus endurer leurs souffrances pour diverses raisons.

En tant que résidente de votre circonscription, j'entre en contact avec vous aujourd'hui pour vous prier d'exprimer votre appui envers une législation encourageant l'accès juste, sécuritaire et opportun à l'aide médicale à mourir pour les patients les plus désespérément malades du Canada. Plus particulièrement, je vous demande d'adhérer aux recommandations formulées par les députés et les sénateurs siégeant au Comité mixte spécial sur l'aide médicale à mourir.

Le rapport du comité, intitulé « L'aide médicale à mourir : Une approche centrée sur le patient », est un triomphe pour les droits des patients au Canada. Il met le sort des malades canadiens au cœur du débat et il souscrit à l'esprit de la décision de la Cour suprême quant à l'arrêt Carter c. Canada. Les 21 recommandations du comité doivent servir de fondement pour une nouvelle loi sur l'aide médicale à mourir.

Les recommandations qui doivent être intégrées à la nouvelle loi incluent:

- Les individus avec un diagnostic de maladie évolutive grave telle que la démence doivent avoir le droit, tandis qu'ils en sont encore capables, de faire des demandes d'aide à mourir à l'avance. Huit Canadiens sur dix appuient ce choix et il constitue une composante essentielle de la législation centrée sur le patient pour l'aide médicale à mourir.
- Le gouvernement fédéral doit collaborer avec les provinces pour veiller à ce que tous les hôpitaux, centres de soins palliatifs et établissements de soins de longue durée financés par l'État permettent l'aide médicale à mourir dans leur établissement. Les organismes de soins de santé qui bénéficient de fonds publics ne devraient pas avoir le droit de refuser aux patients leur droit, soutenu par la Charte, à mourir dans la paix avec l'aide d'un médecin.

 Ottawa doit collaborer avec les pro pour les patients désespérément mala inacceptable de condamner les patien référence. 	ides dont les médecins ne sont pas d	lisposés à offrir l'aide à moui	rir. Il est
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Veuillez écouter la voix des 85 % de Ca Nous méritons un cadre pour l'aide à l citoyens les plus vulnérables du pays. équitables — d'adopter des lois qui, u souffrances insupportables. Je vous re	mourir qui assurerait le respect du ch Il est maintenant temps de mettre en ne fois pour toutes, donneront aux p	noix du patient tout en proté n œuvre ces recommandatio	égeant les ons justes et
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To learn more about do^gooder visit	www.good.do		•
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140013

s.19(1)

16-012657 MCUFILE

Ministerial Correspondence Unit - Justice Canada

From: Sent:

April-19-16 12:22 AM -

To:

Carla Qualtrough

Cc:

Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Canadians deserve choice: Support patient-centred legislation for physician-assisted dying

Dear Carla Qualtrough MP,

The Liberal government has made a big deal about embracing the Supreme Court's decision on native rights and yet is rejecting, diluting and dishonouring the Supreme Court decision on physician-assisted dying. You can't have it both ways.

As a concerned resident of your riding, I'm reaching out today to urge you to speak out in favour of legislation that promotes fair, safe and timely access to physician-assisted dying for Canada's most desperately ill patients, and particularly for advance requests made by patients with dementia. I ask you to endorse the recommendations made by the MPs and senators on the Special Joint Parliamentary Committee on Physician-Assisted Dying.

The committee's report, entitled "Medical Assistance in Dying: A Patient-Centred Approach," is a triumph for patient rights in Canada. It puts the plight of desperately ill Canadians front and centre and embraces the spirit of the Supreme Court's decision in Carter v. Canada. The committee's 21 recommendations must serve as the basis for new legislation on physician-assisted dying.

Recommendations that must be reflected in new legislation include:

- Individuals with a diagnosis for serious progressive illnesses like dementia must be allowed, while still competent, to make advance requests for aid in dying. 8 in 10 Canadians support this option and it is an essential component of patient-centred legislation for physician-assisted dying.
- The government must work with the provinces to ensure that all publicly funded hospital, hospices and long-term care facilities allow physician-assisted dying on their premises. Healthcare organizations that receive public funds should not be allowed to deny patients their Charter-backed right to die in peace with the help of a doctor.
- Ottawa must work with the provinces to develop a system that guarantees effective transfer of care for desperately ill patients whose doctors are unwilling to provide aid in dying. It is unacceptable to condemn patients to a horrific death simply because their doctor refuses to provide an effective transfer of care.

Please listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying. We deserve a framework for aid in dying that ensures patient choice while protecting the country's most vulnerable citizens. Now is the time to put these fair and just recommendations into action — to pass laws that, once and for all, give patients meaningful choice in the face of unendurable suffering. Thank you for your consideration.

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To learn more about do^gooder visit www.good.do

s.19(1)

I2016-012734 140013

MCU-FILE

Ministerial Correspondence Unit - Justice Canada

From: Sent:

April-19-16 12:59 PM

To:

Cc:

Chrystia Freeland

Hon Jane Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;

Justin.trudeau@parl.gc.ca

Subject:

Very disappointed with the bill for assisted dying

Dear Chrystia Freeland MP,

I don't think this bill represents the will of the majority. Particularly missing is mental illness and advance requests. In some cases (e.g. mental illness) the 15-day wait period is acceptable but have you ever visited a woman dying in hospital from ovarian cancer after it spread to her bones and the spine is collapsing?

Yours sincerely,

This email was sent via do^gooder, a campaign platform that enables people to contact you regarding issues they care about. The FROM field of this email is campaigns@good.do however the email was sent by who provided this email address:

In accordance with web protocol FC 3834 (http://www.rfc-base.org/rfc-3834.html) we have included this address in at that email address. the REPLY-TO field and you should respond to

To learn more about do^gooder visit www.good.do

A16-013146 P.D.
MCUEDS
140013

Ministerial Correspondence Unit - Justice Canada

From:

Prime Minister/Premier Ministre <PM@pm.gc.ca>

C/W R16-01109L

Sent:

April-19-16 2:25 PM

To: Cc:

Ministerial Correspondence Unit - Justice Canada, Jane Philpott, P.C., M.P.

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Dear Ms.

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon

Manager/Gestionnaire

Executive Correspondence Services for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

s.19(1)

>>> From:

Apr 2016 05:38:12 PM >>>

Received: 13

>>> Subject : Concern regarding legalization of euthanasia >>>>

To the Honourable Justin Trudeau, Prime Minister:

Hi my name is and I am a Canadian citizen who is very concerned about our government legalizing euthanasia. I called today but there was no answer so am sending this e-mail.

I believe that assisted suicide is immoral and ungodly. Life is sacred. I also believe that health care should be focussed on care not on assisting in death. I would much rather see the government focus time, money and the law on pallitive care, assisting those with mental illnesses with councel and treatment and not on assiting them to die.

Also as seen in other countries such as Belgium assisted suicide is a slippery slope. Once the door was opened for extreme cases of suffering it was soon opened to treatable cases such as depression and disability. Some cases of euthanasia have even been documented as happening without consent.

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In addition I believe that the conscience of doctors needs to be protected. To force a doctor whose conscience doesn't agree with euthanasia to participate in any way (even referrals) goes against the Canadian Chartered right of Freedom and Conscience.

So I am asking that you do all that you can to prevent euthanasia from being legalized. I thank you for all your hard work, Justin Trudeau.

God Bless you . Sincerely,

s.19(1)

Ministerial Correspondence Unit - Justice Canada

RUEDS 140013

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-19-16 11:17 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From:

Sent: April 19, 2016 8:11:38 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

inconfied form LIR

Dear Minister Wilson-Raybould,

I am writing you today to express my deepest concerns with the legislation your government tabled on Thursday April 14. I am currently a and great concerns that health care workers, including myself, will not be able to practice with a clear conscience. Many of my colleagues, like me, are opposed to the legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by performing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions.

It is not sufficient to state that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination. Furthermore, if the provinces do not create a country wide encompassing guideline, myself, and many of my colleagues may be forced to move to provinces that are willing to protect us. Saskatchewan cannot afford to lose any physicians that are will ing to practice within its borders, especially those that desire rural practice.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed would respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers, and objecting facilities.

Thank you.

s.19(1)

R16-013153 a.D.

Ministerial Correspondence Unit - Justice Canada

From: Sent:

Prime Minister/Premier Ministre < PM@pm.gc.ca>

April-20-16 8:50 AM

To: Cc:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P. & MCV 66

Subject:

Office of the Prime Minister / Cabinet du Premier ministre

Summary

same person

Dear Mr.

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding physician-assisted dving.

Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding your e-mail to them. I am certain that the Ministers will wish to give your concerns every consideration.

Thank you for writing to the Prime Minister.

J.P. Vachon Manager/Gestionnaire **Executive Correspondence Services** for the Prime Minister's Office Services de la correspondance de la haute direction pour le Cabinet du Premier ministre

>>> From:;

Received: 13 Apr

2016 04:25:34 PM >>>

>>> Subject : Assisted dying >>>>

I am personally affected by the new assisted dying law. I want my personal autonomy to be respected. Please refer the new law to the Supreme Court

preemptively so that people like me don't have to wage our own costly and stressful court challenge. Please show compassion and respect for the charter as well as mercy.

Currently in Canada doctors remove treatment and wait for the patient to die. The Parliament of Canada's Special Joint Committee on Assisted Death has recommended to the legislature that this practice should continue even though a recent lpsos-Reid poll shows that "seven in ten (71%) Canadians would support physician-assisted dying for patients who are competent at the time of the request even if they do not have a grievous and irremediable medical condition."

Canada's Supreme Court has unanimously decided that it is not criminal for a person with a grievous and incurable medical condition who consents to the termination of life to be provided with an assisted death. A handful of European countries and several U.S. states already provide assisted death and other countries and U.S. states are currently drawing up assisted-death legislation.

I believe that people in unforeseen comas should be able to use the their advance medical directives to provide consent for assisted death as it is in Belgium. With assisted death appropriate safe guards are required to protect abuse, but not providing an assisted death when written consent has been given is itself an abuse—not a safeguard.

Someone who is informed and has given voluntary written consent for assisted death and who is in a grievous and incurable medical condition should not be forced to undergo an undignified death. Whether or not a diagnosis precedes of follows incapacitation should not determine if you are allowed to die with dignity.

There are ways to protect against abuse and they are working well where assisted death is permitted. Researchers from courts, legislatures, universities and others have shown that slippery slopes, security for the disabled and palliative care are better addressed in jurisdictions with assisted death than without it.

The overwhelming majority of Canadians support assisted death and this support holds for all age groups, genders, official languages, levels of education, levels of income, party preferences, regions of the country and all major religious affiliations--except evangelical Christians. In addition, seven out of ten Canadians support assisted death for those who request it before they have a diagnosis.

Facilitating the will of the overwhelming majority of people is one of the ways that Canada should differ from its neighbour to the South. For instance, in the United States, a single organization--the National Rifle Association--thwarts the will of the vast majority of Americans who want universal background checks for firearms. In Canada, our politicians should represent the will of the people.

s.19(1)

Page 832 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

R16-012756

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Sent: To: Subject:	Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould April-20-16 9:41 AM Ministerial Correspondence Unit - Justice Canada FW: dying with dignity	d@parl.gc.ca>
From: Sent: April 19, 2016 8:53 F To: Wilson-Raybould, Jody Subject: dying with dignity	- M.P.	1
Hon Jody Wilson-Raybould MP/Minister of Justice April 17, 2016		
Dear Ms. Wilson-Raybould:		
want? Twenty years after Sue Rooright to LEGISLATE that we	Duntries awakened and passed legislation that allows driguez we still ask WHY. Why do a bunch of healthy parties and the send of our lives? Why is it any e option to die with dignity?!	pain free politicians in Ottawa, have the
	ently been put forward has so much bureaucratic red possibilities such as Albania, Belgium, Netherlands and	

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'information.

R16-012733.

Ministerial Correspondence Unit - Justice Canada

140013

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-20-16 9:31 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Assisted Suicide

s.19(1)

From

Sent: April 19, 2016 5:32 PM **To:** Wilson-Raybould, Jody - M.P.

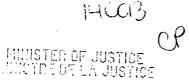
Subject: Assisted Suicide

Hon. Jody Wilson-Raybould,

I am writing to express my concerns regarding Bill C-14. I do not believe in assisted suicide and am not in agreement with Doctors or Nurses having to participate in ones suicide if it is against their beliefs or moral conciseness. The rights of people who do not want to participate in assisted suicide should be protected from any backlash. Thank you for listening to my concerns.

s.19(1)

April 20, 2016



Minister of Justice & Attorney General Jody Wilson-Raybould 1174-5 120 (2014) **House of Commons** RUGEIMED/REGIJ Justice Building, Ottawa Ontario K1A 0A6

Dear Ms. Wilson-Raybould,

and write this letter to inform you of my opposition to any form of assisted suicide and/or legalizing Physician Assisted Suicide (PAS).

Catholic hospitals in Canada have been committed to protecting and caring for the sick and most vulnerable people in society and they must be allowed to continue this practice without being forced against their morals or religious convictions.

The Canadian Charter of Rights and Freedoms is to protect Canadian citizens against being forced by the state to act against their moral, religious and ethical convictions. Physicians and health care workers must not be disciplined because they wish to follow their conscience. This is a restriction of a Canadian's freedom of choice.

I encourage you to protect all vulnerable people: those suffering from depression, mental health issues, and disabilities. Greater support for these individuals, as well as access to palliative care for all Canadians is needed.

Assisted suicide, euthanasia, and legalizing Physician Assisted Suicide are an intentional act of killing and are morally wrong. As Canadians we must not cooperate in such acts.

Sincerely,

Signature		
		_
Printed Name	email	

email

s.19(1)

April 20, 2016

Sincerely,

Printed Name

MINISTER OF JUSTICE BOISTAF DE LA JUSTICE

Minister of Justice & Attorney General Jody Wilson-Raybould

House of Commons

Justice Building, Ottawa Ontario K1A 0A6

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Signature			

email

000836

April 20, 2016

MINISTER OF JUSTICE INJECTS

Minister of Justice & Attorney General Jody Wilson-Raybould House of Commons Justice Building, Ottawa Ontario K1A 0A6 2016 HAY -5 POR 15 15 CENTED IN THE 15

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Sincerely,	
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s.19(1)

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Signature		·	
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April 20, 2016

MINISTER OF JUSTICE

Minister of Justice & Attorney General Jody Wilson-Raybould

House of Commons

RECEIVED/REQUE

Justice Building, Ottawa Ontario K1A 0A6

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Sincerely,

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Signature			
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Printed Name	email		

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R16-012687 140013 MCUED2

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-20-16 2:35 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Erroneous value that suicide is a right

From:

Sent: April 20, 2016 1:29 PM

s.19(1)

To: Wilson-Raybould, Jody - M.P.

Subject: Erroneous value that suicide is a right

Dear Honourable Jody Wilson-Raybould-

As Justice Minister of Canada I am writing to you regarding the erroneous interpretation of the historical decriminalization of suicide.

Since the time we de-criminalized suicide our society, our judges and numerous movements have come to equate the de-criminalization of suicide to a 'right' to choose suicide. From this erroneous conclusions we have arrived at the point where those who cannot access their 'right' to suicide as a result of a disability, are now arguing that this lack of access to perform suicide on oneself constitutes a form of discrimination. From that wiew of 'inequality' comes the conclusion that this group ought to be accommodated in exercising their 'right' to commit suicide through state means of 'assisted suicide'.

The decriminalization of suicide is not equatable to a legal 'right' to commit suicide. To use a simple analogy if Australia were to remove the laws that make it illegal to not vote tomorrow, it would not follow that everyone has the 'right' to note vote. They have a right to vote with no legal penalty of choosing to not exercise that right. Similarly we all have a right to life in Canada, just because we have de-criminalized suicide does not mean we all suddenly have a right to commit suicide.

This public, societal, concept of the 'right' to commit suicide tied to the erroneous intent of the 'right to the security of ones person' send the wrong message to our youth who struggle with suicidal thoughts, to our mentally ill, to our physically ill, to our incarcerated fellow humans who struggle with the concept of the right to life when faced with suffering that seems insurmountable due to loss of control over ones emotions, ones finances, ones relationships, ones body.

I ask that you as our Justice Minister re-visit this concept of the security of person falsely used from our Charter in conjunction with the intent of the de-criminalization of suicide to cause a leap that suicide is no a 'right' worthy of accommodation when disabled. As a country we need a strong voice that there is no such thing as the 'right' to suicide, just the de-criminalization of suicide. <u>De-criminalization does not defacto imply a right.</u>

Our youth and the vulnerable need someone to stand strong and give clarity on this crucial difference in our history of how we view suicide. Creating systems to legalize suicide is entrenching suicide as a right and then will inevitably affect our youth- especially our aboriginal youth.

Sincerely-

Page 840 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

Ministerial Correspondence Unit - Justice Canada

RK-013205 MCUEDS 140013

From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

April-20-16 9:39 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Dying With Dignity - Assisted Dying Legislation

From:

Sent: April 19, 2016 7:38 PM To: Wilson-Raybould, Jody - M.P.

Subject: Dying With Dignity - Assisted Dying Legislation

Jody Wilson-Raybould - MP - Minister of Justice and Attorney General of Canada

Subject: Dying With Dignity

We agree with Don Valley West Liberal MP Rob Oliphant when he stated that the proposed assisted-dying legislation are "not humane" and not good enough. "This is a life-and-death issue, so let's get the right legislation".

Bill C-14 called Medical Assistance in Dying ignores many of the recommendations from Oliphant's special joint committee of parliamentarians, including extending the practice to the mentally ill people with advancing dementia and eventually, mature minors.

We also agree with the Supreme Court's 2015 "Carter" decision that criminal laws prohibiting doctors from assisting in the deaths of consenting adults, with grievous medical conditions and intolerable suffering violated their Section 7 Charter right to life, liberty and security of the person. The Supreme Court did not require a person's condition to be terminal for them to request a doctor's help to end their lives.

Bill C-14 apparently rejects the committee's recommendation to allow eligible individuals to give advance consent to a medically assisted death before losing mental competence. Instead, the bill requires that the 'person verbally re-affirm their consent to die immediately prior to receiving the fatal injection. Rob Oliphant, a United Church minister does not believe that it is humane to ask a person this question when they are about to take their last breath. We agree with him on that statement and also that people should be allowed to make an advance directive and the directive should be carried out respectfully.

Why should the eligibility requirement be that a consenting adult's natural death must be "reasonably foreseeable". What does that actually mean? It would be quite simple to check out and consider guidelines that European Countries use. We have read where in Holland and Switzerland Doctors can choose to be involved or not. There are more than enough doctors who, for compassionate reasons, are willing to take part in assisted dying.

If doctors are not willing to participate in an assisted-dying request, then it should be mandatory that they refer the person to another doctor who will handle such a request. The medical association would be required to maintain a provincial list of doctors who will handle assisted dying requests.

When decisions like this are made, they should be made for the best interest of the person. Religious beliefs and the church should not be a factor. If a church or organization does not believe in assisted-dying legislation, that is fine. However, they should not have the right to apply their thoughts to people who do not have the same beliefs! The church should have respect for those who have a different spiritual persuasion or mindset.

Does the Federal Government want people with advanced dementia or have intolerable pain due to illnesses they are suffering from to seek other options to end their lives?

We were reading in the April 18, 2016 Vancouver Sun "Assisted dying legislation best solution for now" which included statements made by Justice Minister Jody Wilson-Raybould.

Can you explain why the proposed legislation narrows the applicability language to "reasonable foreseeable" death when the special joint committee studying the issue had stipulated that doctors consider terminal and non-terminal illness. Why should someone who is grievously suffering, but not dying within months be shut out. Apparently the legislation allows medical practitioners a degree of flexibility in deciding whether an individual patient qualifies. Whether a patient is facing a "reasonable foreseeable" death will be up to the care providers to decide.

Does Bill C-14 protect the patient from a doctor who bases his decision on their religious beliefs? If not, this should be added to the legislation. When you state whether that timeline would be three months or three sears has not been defined, hopefully this decision will be arrived at soon. When you say that the patient has to be on an irreversible trajectory toward death, and the patient would be assumed to die in a not-too-remote time, you and the Federal Liberal party don't appear to care that a person is being kept alive in a condition in which they did not choose to live, or having to possibly live in severe pain and suffering for possibly a year or so.

We hope that the government is not going to have an ongoing review that goes on for 3-5 years and is then forgotten and buried.

Good palliative care is very limited in a lot of communities. Access to palliative care across the country is important, however some people may not want to go on for a long time living in an undignified way and/or in severe pain. They may not want to end up in diapers, in feces and urine or being kept alive though a feeding tube. They should have a choice, including children who are having or facing horrible pain and suffering due to the terrible illness they have. We read where in the Netherlands, doctors ended the lives of five children between 2002 and 2014 – three 17-year—olds, one 1-year-old and a 12-year old who was diagnosed with advanced rhabdomyosarcoma, a rare cancer of the muscle tissue. After he had chemotherapy and radiation, followed by more chemotherapy and a stem cell "rescue", but by October 2004, it was clear further aggressive treatments were futile. Later, he was on morphine, bedridden and experiencing severe dyspnea. He asked for euthanasia repeatedly, and his request was granted. Apparently Belgium has moved to allow euthanasia for children of all ages.

Thank you,

Page 843 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

R16-013259 mUNEDZ 140017

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-20-16 4:52 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

modified form UR

From:

Sent: April 20, 2016 1:47:56 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject**: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Is it possible to invoke the Not Withstanding Clause to give time for truly wise legislation to be tabled?

Thank you.

s.19(1)

Pivulgé(s) en vertu de la Loi sur l'accès à l'inform
R/6-01380/
MCUFD3
R/400/3

April 2016.

Dear Minister Wilson-Raybould,

I am concerned about the protection of Julnurable peage in society us well as conscience rights for Councilian physicians & heatekeous facilities who refuse to participate in assisted suicide/euchanasia. While I am appeared to any form of assisted suicide, I recognize the gov't must prepare legislation on this issue following a ricent Suprime Countdension.

I am concerned that the recommendations of the Commons . Senate Committee on Physician Assisted Death do not adequately product clockers Conscience rights. A referrel, wen a third party, is a fam of part, capation I am also troubled by the recommendation that facilities should not be allowed to opt out of providing physician - assisted death in their facilities. It is allowed to opt out of providing physician - assisted death in their facilities. It is deeply distrusing that Canada would allow access to assisted Saccide for nearest facilities and for menors, those suffering from depression and a next health issues and other vulnerable people.

Delieve the Canadian Charter of Rights & Freedoms protects, Canadian Citizens from being forced by the state to act against their maralar religious convictions. There are certiarly attended ways to respect the patient's request without compelling didicated physicians to face professional desciplinary action semply because they wish to follow their conscience or farcing the clasure of facilities that cannot provide doctor-assisted aleath.

This liquislation could result in ductors being farced out of practice and the closure of some available institutions - a reality that will affect many more Canadians in need of health Care.

Please carifully consider my concerns as these palicy deliberations are conducted. I request that whatever legislation is developed respect, and pratects the vulnerable as well as the conscience rights of Canadian Physicans, when health care providers 4 objecting facilities

Sincerly

3932 TSI

s.19(1)

Minister of Justice & Atlany General of Canada 284 Wellington Street Ottawn Ont KIA OHO S.19(1)

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2015 HAV 5 7 8 1 4

RECE 1978-01

Dear Honourable Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation our government tabled on Thursday April 14. There should be <u>clear conscience protections</u> for health care workers and facilities in the legislation. Many people, like me, are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this issue. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to force dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience, or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close, should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed, they include respect and protection for the vulnerable, as well as the conscience rights of Canadian physicians, other health care providers, and objecting facilities.

With kind regards,

RG-009534 MCVEDS

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 3:23 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject: Attachments:

FW: C-14 letter DOC042616.pdf

From: McCauley, Kelly - Riding 1A Sent: April 26, 2016 2:39 PM To: Wilson-Raybould, Jody - M.P.

Subject: C-14 letter

Dear Sir or Madame,

Please find attached a letter from one of our constituents regarding his suggestions on how to improve Bill C-14.

Yours truly,



Jared Gustafson

Constituency Assistant
Office of Kelly McCauley

Member of Parliament for Edmonton West

5613 199 Street NW

Edmonton, Alberta T6M 0M8

Office | 780.392.2515 Fax | 780.392-2519

E-mail | kelly.mccauley.c1a@parl.gc.ca

s.19(1)

April 18th, 2016

RECEIVED APR 222018

Mr. Kelly McCauley Honourable Member of Parliament for Edmonton West House of Commons Ottawa, Ontario K1A 0A6

Dear Mr. McCauley,

My name is

and I am one of your constituents.

I have been closely following the developments over the last year regarding the legalization of physician-assisted death (PAD) in Canada. Recently, I read Bill C-14 as it was introduced in Parliament on April 14th, 2016.

I have a keen interest in how this legislation may impact the vulnerable in our society and also my potential future career as a physician. It is extremely important to me that the legislation concerning PAD protects the vulnerable from an untimely death and also protects the consciences and freedoms of physicians who object to PAD on ethical and moral grounds.

While the legislation that was tabled on April 14th does much to protect the lives of the vulnerable in our population, I am concerned that it may not do enough. In section 241.2 (2)(c) of the proposed amendment to the Criminal Code, a person has a grievous and irremediable medical condition if "their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis being made as to the specific length of time that they have remaining." What makes a natural death "reasonably foreseeable"? Is not everyone's death, in a way, "reasonably foreseeable"? I believe that the vague language of the amendments may allow interpretations of the law that will bring harm to the vulnerable. The requirements for eligibility must be made more specific.

I also feel very strongly that "disability" should be removed from the list of grievous and irremediable medical conditions (241.2 (2)(a)). In fact, the danger of including any illness or disability besides terminal illnesses is that of allowing those people with disabilities and depression to end their lives prematurely, as well as devaluing the lives of those people with disabilities and chronic illnesses in our society. Take for example, the case of a person who becomes a quadriplegic paralytic in a car accident. Given the life-changing ramifications of this disability, the person is likely to become clinically depressed for a

significant period of time as they adjust to their new reality. However, they may in the future adjust well to their new reality, find new ways of enjoying life, and recover from their depression. To provide such a person with a means to end their own life in a period of sustained depression would be horrific and tragic.

I urge you to modify the language in section 241.2 (2) of the amendment to the Criminal Code to restrict access to PAD to those suffering from terminal illnesses and who are expected to die of natural causes within a specific, short-term amount of time (such as six months, as in Oregon law). We need to do more to protect those suffering from mental illnesses, chronic illnesses, and disabilities from ending their lives prematurely. We need to keep affirming the tremendous worth of their lives in our society.

In addition to protecting the vulnerable, it is also crucial to protect the freedoms and consciences of healthcare providers who object to performing or referring for PAD. It greatly concerns me that Bill C-14 has nothing to say in this matter, as I think it is important that a national standard be upheld in this regard. I consider it extremely important that healthcare providers must not be obliged by law to provide PAD directly, nor to refer patients to other healthcare providers who may provide PAD. I also believe that it is certainly possible to provide good access to PAD without forcing healthcare providers who are conscientious objectors to provide referrals. This could be accomplished through dedicated PAD administrative centers with widely published contact information. Individuals desiring PAD would be free to contact these centers themselves to be put in touch with people who would assess their case and provide PAD should the individuals qualify.

Mr. McCauley, I urge you to do all in your power to, through Bill C-14, protect the lives of the vulnerable in our society, protect the consciences of our healthcare providers, and continue to build up a society where the lives of *all* people are honoured and valued, in particular those with mental illnesses, chronic illnesses, or disabilities.

Thank you for your kind consideration of my opinion in this matter. I trust that you will represent my views surrounding this issue, as I hope you will of all your constituents.

Yours sincerely.

s,19(1)

Clw RIG-013063

A16.013346 MCUEDZ 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-26-16 11:50 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Justice minister has confidence in advice from officials who fought assisted dying -

Winnipeg Free Press

From:

Sent: April 26, 2016 11:09 AM

To: Wilson-Raybould, Jody - M.P.; Trudeau, Justin - Député

Cc: Philpott, Jane - M.P.; Sen. James Cowan; Joyal, Serge :Sen; Nancy Ruth :Sen; Wrzesnewskyj, Borys - M.P.; Oliphant,

Rob - M.P.; DWD Canada

Subject: Justice minister has confidence in advice from officials who fought assisted dying - Winnipeg Free Press

http://www.winnipegfreepress.com/canada/justice-minister-has-confidence-in-advice-from-officials-who-fought-assisted-dying-377041751.html

Jody...

It's obvious YOU don't have confidence in our Supreme Court!

Looks like we who do (and who faithfully voted for your party) will have to keep fighting for a law that complies with the Carter judgement. It seems the dinosaurs of the Justice Dept are still calling the shots.

How infuriating is that? Especially, as it's extremely unlikely that any of them voted for the Liberals...

You must realise that this short-sighted draft bill is NOT going to satisfy 85% OF THE POPULATION! It is certain to be challenged again in the SCC. And the press will give you no peace...

Arrrgh! How could you be so daft?

Winnipeg Free Press

Canada

Justice minister has confidence in advice from officials who fought assisted dying

By: Joan Bryden, The Canadian Press

Posted: **04/25/2016 5:58 PM** | Last Modified: **04/26/2016 8:12 AM**

KANANASKIS, Alta. - Justice Minister Jody Wilson-Raybould says she has the "utmost confidence" in the advice her officials have given on medically assisted dying, even though the same officials spent years insisting suffering Canadians should have no right to seek a doctor's help to die.

In any event, Wilson-Raybould says Justice officials were not the ones who decided on the restrictive measures included in a proposed new law on assisted death.



SEAN KILPATRICK / THE CANADIAN PRESS FILES Minister of Justice and Attorney General of Canada Jody Wilson-Raybould

Those decisions were made by her and her cabinet colleagues.

"I have a tremendous amount of confidence in my officials," Wilson-Raybould said Monday outside a cabinet retreat.

"This was not a decision of officials within my department," she added.

"This was a decision of cabinet and we put forward what we believe to be a substantive piece of legislation that finds balance between personal autonomy and ensuring that we protect the vulnerable and put in the necessary safeguards."

Some advocates of a more permissive approach to assisted death have denounced the proposed law for

disregarding the Supreme Court's ruling on the issue and disrespecting the charter of rights.

And they've suggested the reason the bill falls short is because it was drafted by justice officials who spent six years arguing in court that the ban on medical assistance in dying was a justifiable limitation on Canadians' charter rights.

The Supreme Court last year struck down the ban as a violation of the right to life, liberty and security of the person. It ruled that medical help in dying should be available to clearly consenting adults with "grievous and irremediable" medical conditions who are enduring physical or mental suffering that they find intolerable.

In response to that ruling, the federal government has introduced its proposed law but it has taken a more restrictive approach. It would allow assisted death only for consenting adults, at least 18 years of age, who are in "an advanced stage of irreversible decline" from a serious and incurable disease, illness or disability and for whom a natural death is "reasonably foreseeable."

It would also exclude mature minors and those suffering only from mental illnesses from the right to an assisted death. And it would not allow those diagnosed with competence-eroding conditions like dementia to make advance requests for medical assistance to die.

Justice minister has confidence in advice from officials who fought assisted dying - Winni... Page 2 of 2

In a Justice Department analysis last week outlining the reasoning behind the bill, officials acknowledged that various provisions could violate the charter of rights. In particular, excluding those who are intolerably suffering but not near death, could violate their right to life, liberty and security of the person.

However, the analysis argued that the bill strikes an appropriate balance that respects "autonomy during the passage to death" while otherwise prioritizing respect for life. It also "furthers the objective of suicide prevention and the protection of the vulnerable."

But Josh Paterson, executive director of the British Columbia Civil Liberties Association — which was a plaintiff in the court case — said Justice officials are making the same kinds of arguments they made throughout six years of court battles on the issue.

"These kinds of arguments were tried by federal lawyers in court and failed," he said.

A total ban on assisted death for Canadians who are intolerably suffering but not close to death is "a disproportionate response" to the government's desire to protect the vulnerable and is, therefore, unconstitutional, Paterson added.

Jocelyn Downie, a professor of law and medicine at Dalhousie University, said it's reasonable to assume cabinet made its decision about the proposed law based on the analysis provided by Justice officials — unless they were given additional or different information that hasn't been provided to the public.

"Unfortunately, that document is deeply flawed and, therefore, albeit unintentionally, so too is their decision."

Justice officials have maintained that the proposed law would have allowed Kay Carter, a central figure in the court case, to seek medical help to die. Paterson and Carter's own children have said she wouldn't have been eligible because, while she was suffering intolerably from spinal stenosis, she was not near death.

"With great respect, government lawyers have been wrong on assisted dying for the last six years and they're wrong today when they say that," Patterson told a news conference last week with two of Carter's children.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody.- M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

To: Subject: April-27-16 10:15 AM

Ministerial Correspondence Unit - Justice Canada FW: Help fix the government's flawed assisted dying bill

----Original Message-----

s.19(1)

From:

Sent: April 27, 2016 12:13 AM To: Wilson-Raybould, Jody - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Jody Wilson-Raybould MP,

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:*

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

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	s.19(1)		
Yours sincerely,			
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This email was sent via do^gooder, a campaign pla	tform that anables poonle	to contact you roa	ording issues they care
about. The FROM field of this email is campaigns@			who provided
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the REPLY-TO field and you should respond to	at that email addr		······································
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To learn more about do^gooder visit www.good.d	0	•	

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of

unendurable suffering. Thank you for your consideration.

s.19(1)

Ellis, Sandra

From:

Ministerial Correspondence Unit - Mailout

Sent:

July 4, 2016 2:44 PM

To:

Subject:

Correspondence from the Minister of Justice and Attorney General of Canada

Dear

Thank you for your correspondence concerning Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). I always appreciate having the concerns of my constituents brought to my attention. I regret the delay in responding.

Medical assistance in dying is a complex ethical, legal, and medical matter. The Government of Canada understands that people have divergent and strongly held views on this deeply personal issue.

In response to the Supreme Court of Canada's unanimous decision in *Carter v. Canada (Attorney General)*, our government has recognized the importance of implementing a federal framework that takes into account both personal autonomy and the need to protect the most vulnerable members of our society.

To this end, as you know, on April 14, 2016, I introduced in the House of Commons Bill C-14, which received Royal Assent and came into force on June 17, 2016. This legislation, which was informed by extensive consultations with individuals, groups, and experts from Canada and around the world, now gives patients who are on an irreversible decline towards death, and are suffering intolerably from a grievous and irremediable medical condition, the choice of a medically assisted death.

The Act has revised the *Criminal Code* to exempt physicians, nurse practitioners, and other individuals who provide, or help to provide, medical assistance in dying from otherwise applicable criminal offences, and was developed in line with the *Canadian Charter of Rights and Freedoms*.

The new federal regime ensures a consistent approach to medical assistance in dying across Canada while recognizing that the provinces and territories have jurisdiction over the delivery of health care services. To this end, my colleague the Honourable Dr. Jane Philpott, Minister of Health, has announced our government's commitment to work closely with the provinces and territories to put in place a system that helps connect willing health care providers to patients who qualify for medical assistance in dying, while respecting the personal convictions of health care providers.

Please be assured that several robust safeguards were enacted as part of the criminal law regime to ensure that the patient is providing informed consent, and to protect against errors and abuses in the provision of medical assistance in dying. A monitoring system will also be developed by Minister Philpott in regulations, following consultations with the provinces and territories. Further information about this legislation can be found at www.justice.gc.ca/eng/cj-jp/adam/index.html.

You may be interested to know that, under the Act, one or more independent studies must take place on the issues of mature minors, advance requests for medical assistance in dying, and requests where mental illness is the sole underlying condition. Minister Philpott and I will initiate this process no later than six months after the Act comes into force.

Thank you again for writing

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., Q.C., M.P.

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'information

R16 013360 MCUEDI 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

s.19(1)

Sent:

April-27-16 10:20 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Conscience Protections Needed

modified formuk

From:

Sent: April 26, 2016 5:09 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Conscience Protections Needed

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

There are lessons that are learned in

suffering that will not be learned anywhere else. My recent experience with these situations helps me understand the very essence of Bill C-14.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercions or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

s.19(1)

K16-013441 MCUED 3

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

April-27-16 3:31 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

Euthanasia and Assisted Suicide in Canada

Attachments:

Euthanasia - M of J.rtf

Please carefully consider my concerns as these policy deliberations are conducted.

Shocked Canadian Citizen,

26 April 2016

The Honourable Jody Wilson-Raybould Minister of Justice and Attorney General of Canada Ottawa, Ontario

s.19(1)

Dear Madame,

I, a Canadian Citizen and a Roman Catholic, oppose the legalization of euthanasia and assisted suicide in Canada. I implore that the federal parliament maintain assisted death as part of the Criminal Code and NOT define it as healthcare!!

"I will give no deadly medicine to anyone if asked, nor suggest any such counsel ..." - The Hippocratic Oath

<u>Protect</u> health care workers - their conscience rights should be respected and must continue to be protected by law and in practice. <u>Protect</u> their rights ... and those that they serve. <u>Protect</u> health care institutions, hospices and long-term care facilities whose mission is to defend life - not hasten death.

"You shall not kill." - The Fifth Commandment of God - This <u>commands</u> the safeguarding of one's own life and bodily welfare and that of others as well. It also <u>forbids</u> unjust killing, suicide, abortion, and endangering life and limb of self and of others.

Provide effective support for chronic sufferers and palliative care for everyone. Support a <u>culture of life</u> - **not** abortion, suicide and euthanasia - from the beginning to the end ... in a <u>culture of death</u>. "Life" is meant to be "lived" through good times and bad, sickness and health, through richness and poverty. Most of us suffer some kind of trauma in our life - and we wish <u>at that time</u> - that we were dead. We'd ALL be dead if the government allowed us to die/kill ourselves everytime we went through hard times (especially teenagers!!)

"Mercy" killings only avoid the root of the problem ... peoples unwillingness to love sacrificially, selflessly, and unconditionally - for better or for worse. True (holy) love is unselfish ... and unlimited in <u>real mercy</u>. Trying to spare your loved one suffering - by killing yourself or them - denies people the chance to grow in charity, compassion and humility. It impedes the growth of virtue and merciful love in the soul.

Dying is <u>not</u> the same as being killed. Doctors and nurses are meant to provide loving care and medical assistance to the suffering and dying ... NOT KILL THEM. It is unjust to force people to act against their good conscience - it is <u>religious discrimination</u> - and against all that is right and just. Those who cannot support assisted suicide or euthanasia because of their conscience, faith and commitment to the Hippocratic Oath should <u>not</u> be forced to compromise their convictions. A referral to a third party - is still a form of forced participation.

Euthanasia and assisted suicide for: the sick, suffering, elderly, minors, those with dementia, those with mental illness and depression - is a violation of moral conscience. Apparently, being "Liberal" means: having a false conscience, promoting no conscience, abolishing and legalizing sin - in the name of 'freedom', and sacrificing the vulnerable people of Canada to the idols of Selfishness and Godlessness!! Anybody with common sense and any good old-fashioned decency left in them at all - knows that making sin "legal" ... still does not make it right!!

The Catholic Church teaches that it is permissible to refuse burdensome and disproportionate treatment that only prolongs the inevitable process of dying. But there is a big difference between "allowing to die" and "making die". Our value as people comes not from what we can "do" in society, but from our God-given dignity as human beings. Our purpose in life is to love God and to love others ... more than we love ourselves. Suffering and sacrifice are to be expected as part of the human condition and should be accepted ... not avoided at any cost to self and others.

The Fourth Commandment of God states: Honor your mother and father. This commands love, respect and obedience on the part of children; care on the part of parents for the spiritual and temporal welfare of their children. This forbids disrespect, disobedience, and hatred of parents, (and killing them in their old age - at their own request or their childrens).

Killing people is NOT health care ... it is murder. The federal government needs to take care of us ... not get rid of us. Without God and the Truth of the Ten Commandments to guide our government ... this <u>murderous spirit</u> will continue to spread like cancer in our godless society. Instead of providing ways to hasten death of the needy - provide loving care for every Canadian to improve their quality of life ... Life is sacred from the moment of conception to natural death.

There is a big difference betweeen "dying" and "being killed" ... as there is a big difference between being "liberal" and being "criminal". Does having a Liberal government mean that we all have to live and die like Nazis? Whatever happened to love, kindness, caring and mercy - for the weak, disabled, sick, elderly and dying? The court ruling that the law should be amended to provide assisted death in "specific situations" ... would only lead to even further compromise of Truth and more widespread abuse of authority in the future.

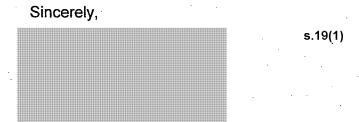
Please DO NOT de-humanize the vulnerable people of our country. We will all be old and dying someday - and in need of loving, compassionate care ... not a cold needle and quickie death to get rid of us. The dying process should not be considered a nuisance ... but a necessary part of life's natural end. Many times prolonged suffering can actually benefit the dying. It can humble a person and given the time ... have the chance to put their soul right with God before they die. Do not allow this valuable "dying process" to be taken away from people ... as it is the last chance anyone has to repent and prepare for their eternal salvation.

The Canadian Charter of Rights and Freedoms protects Canadian citizens from being forced to act against their moral or religious convictions. This proposed

unconstitutional legislation would result in <u>moral</u> doctors being forced out of practice - only to be replaced by the next generation of (immoral) doctors. Who will protect <u>you</u> when all the good doctors that still have a conscience are gone? It would also cause the closure of some good available institutions ... which would cause even more Canadians to be in desperate need of health care.

I urge the Member of Parliament to demand protection for all the vulnerable people of Canada - and to ensure that individuals and institutions can provide health care without having to compromise their moral convictions. No other country in the world requires such a <u>violation of conscience!</u>

Please consider my concerns, and accept this letter on behalf of all Canadian citizens that are unable to write or defend themselves - that whatever legislation is developed respects and protects all the vulnerable in society as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.



Please consider reading the following prophetic messages given to the american visionary Maureen Sweeney-Kyle (www.HolyLove.org) ... as they pertain to our country of Canada as well.

"Morals in this country and around the world can only improve when the Ten Commandments are once again the basis of decision. ... Any laws that do not support life itself are godless laws. Realize that all laws are not worthy of obedience. Therefore, do not be tricked by title or authority to follow an errant path." (5 September 2008)

"The future of your country, indeed the future of the world, depends upon each one's ability to discern good from evil. When people accept the compromise of Truth as Truth, the wrong people are elected to office. Unjust laws are passed and authority is summarily abused. ... Opinions, policies and law must be based upon the Truth of God's Commandments." (12 January 2015)

"Remember, God is not a politician. He does not change the Truth to aid someone's ambition, popularity or material gain. With God there is no gray area. There is only Truth and untruth. Many souls spend their eternity in hell due to their embrace of compromised truth. Because you choose to believe something, does not change what you believe from untruth to Truth. You cannot change sin into freedom and make it just in God's Eyes." (17 February 2014)

"This once great country was founded on <u>religious freedom</u>. If you surrender this God-given right, you are surrendering to evil. No government should be given the right to dictate matters of conscience. No one should support such leaders. You should not be put in the position of choosing between God and country, but this is the path events are following. I urge you to stand firm in favor of holiness. Pray for holy boldness to see where you can make a difference. This is not the time for silence or for blind obedience towards errant leadership." (26 Mar 2014)

"It is only with Holy Boldness you can be as aggressive in protecting the Truth as Satan is in promoting his lies. God's commandments must be upheld civilly and morally in order for truth to be victorious. You are mistaken if you believe that the sins of abortion, euthanasia and same sex marriages affect only individuals. Every sin affects the entire cosmos and the future of the world." (12 Dec 2008)

"Today, I tell you the heart of the world has become paganistic, serving the god of self-love and disavowing My Father's Commandments ... Today, in the name of 'good', much evil is accomplished. When I return, I will rebuke this <u>spirit of deceit</u>, along with abortion, euthanasia, same sex marriage, materialism ... all ideologies which promote self-love and lead souls away from love of God and love of neighbour." (5 January 2009)

"Once again, I stress that title does not always equal Truth. Because Satan has so cleverly shrouded the Truth with his lies, many have been misled to regard evil as good and good as evil. Consequently, you have worldwide acceptance of and legal approvals of abortion, homosexuality, disordered use of embryos, <u>euthanasia</u> and <u>illicit use of drugs</u>." (22 May 2014)

"I tell you the nation that summarily jeopardizes the welfare of its most marginalized citizens is the nation that will not survive any type of New World Order, but only fall more and more into disorder. If you will not come to the rescue of the unborn and lovingly, respectfully care for the elderly, then neither will I rescue you or care for you. Satan is leading this country into policies which betray its very foundations. Many other countries are forming unions not based on God and neighbour, but on fear and control. Most government leaders are not open to the truth of where they stand in God's Eyes or to the damage that many of their policies are causing. ... Laws are being legislated to protect evil and consciences are forming around Satan's lies." (5 March 2009)

"With what whimsy and compromise people abandon the Truth. This happened before and during the Nazi Holocaust. Innocent lives were taken for the false promises of a greater good. Today, the innocents are being sacrificed in the womb. The Nazi regime was brought to defeat. So, I tell you, will every country that embraces legalized abortion (and euthanasia) be brought to their knees." (19 October 1998)

"These days the world is full of compromise. Sin is now a political issue to the point where people are even asked to vote on sin. Consciences are apathetic to the point of not recognizing how convoluted this generation has become. ... Through disordered free will, laws are now being passed which support every sort of debauchery. This country teeters on the threshold of embracing grave moral degeneration or of choosing

righteousness. Past civilizations that have become degenerate have always fallen to ruin. Take heed." (1 June 2008)

"Today I invite you to realize that the more freedoms you give up, the more your government becomes totalitarian. Every aspect of your daily routine can be regulated by your government, which would greatly compromise finances, religious beliefs and the existence of <u>life itself</u>. You can see that this is already happening, as certain sins are now legalized. ... This is no longer an age of innocence, but an age of compromise and deceit." (11 November 2012)

"There are many leaders all around you who do not support the Truth and will not stand up for the Truth. They abuse their authority and deceive a vast majority of their constituents. Do not be charmed into believing that their position makes them right. If this were true, the world would not be in moral decline such as it is. ... The Truth must be defended and heard, especially when those in high office are in error. ... Do not make your gospel your opinions, false agendas or the immorality of false leaders." (26 July 2013)

"Church and world governments are divided - right versus left - conservative versus liberal. I must tell you that each soul will be judged on his judgement day according to My Truth - not some conspired truth authored to accept sin." (17 October 2014)

"There are some <u>Basic Truths</u> you must never forget and always defend. <u>Live</u> them: (13 February 2015)

- 1. There is a final judgement for each soul.
- 2. Heaven and Hell are real.
- 3. Satan does exist and wants to destroy all Truth.
- 4. You must stand firm in the Truth between good and evil.
- 5. Holy Love (the Ten Commandments) defines good and leads to your salvation.
- 6. All sin all compromise of Truth and abuse of authority are inspired by self-interest.
- 7. Never respect man and his opinions above God. Remember, God looks at what you obey, not who you obey."

"To help you understand just how insidious the compromise of Truth and the abuse of authority has been, look back in time for a moment. Fifty or sixty years ago, this country was innocent and never would have considered killing its young in the womb or legalizing sodomy or challenging the institution of marriage between a man and a woman. But, here we are in this present age. All of this immorality has become political, acceptable and common place. This all began with the acceptance of birth control; and from there, mankind disregarded God's Will in favor of his own pleasure. Morals must change for the world to change, or humanity will continue along its path of self-destruction." (19 April 2015)

"This is a <u>rebellious generation</u> - a generation impudent in their efforts to redefine God's Commandments. ... You must believe that Satan is real. He knows the way into every heart and weaves his way into every situation when he is not recognized. His finger prints are all over government policies, Supreme Court decisions and the infiltration of sin into the legal system. You must be wise, My children, and strong in your stand for the Truth between good and evil for that is your salvation. Do not be misled to believe that because something is legal in the world that it is acceptable in God's eyes, for that is a compromise." (18 May 2015)

"This nation, like most around the world, does not comprehend the direction it is headed. Hearts are complacent and do not look for the difference between good and evil. Therefore, people are easily misled. Your freedoms are ebbing away unnoticed. Few hearts reflect the true spirit of the Founding Fathers. Leaders are so intent on protecting the <u>rights of sinners</u>, they have lost track of protecting the <u>rights of Christians</u>." (22 April 2016)

The **Ten Commandments** - The Truth - that the Founding Fathers of Canada wisely established our (once) great country upon:

- 1. I am the Lord your God. You shall not have strange gods before me.
- 2. You shall not take the name of the Lord your God in vain.
- Remember to keep holy the Lord's Day.
- 4. Honor your father and your mother.
- 5. You shall not kill.
- 6. You shall not commit adultery.
- 7. You shall not steal.
- 8. You shall not bear false witness against your neighbor.
- 9. You shall not desire your neighbor's wife.
- 10. You shall not desire your neighbor's goods.

"Man has made his own free will a false god seeking 'freedom' in the legalization of sin. So many have been misled by this compromise of Truth. So many in high places remain silent as they seek man's approval above God's approval. These actions, or lack of actions, demand God's Justice. Do not mistake God's Patience for His Approval. The abyss between Heaven and earth widens in every present moment. If you are not for God ... you are against Him." (4 May 2015)

"Today in your country, as well as many others around the world, laws are being passed that lead to moral degeneration and a separation from My Father's Divine Will. You pass laws which legislate against any public display of God and His Laws, and which approve of abortion and euthanasia. Until all people realize the moral destruction of society in general by legislating against the Divine Will, you will not be able to reverse or mitigate My Justice. Turn to me with <u>repentant hearts</u>. My arms are open, awaiting

your return." (11 November 2007)

"In the world today, there are two forces battling for the heart of the world, good and evil - conservative and liberal. This is evident in politics and in Church circles. It is a battle to gain power and control over the heart of humanity. While unity is strived for, I am calling the heart of humanity to be united in conservatism. ... The liberals define conservatives as 'out of step' with the current state of the world. However, **good** <u>must be</u> 'out of step' with the evils of the day." (25 April 2016)

"I have come to explain to you the difference between a person who is liberal and one who is conservative ...

The <u>liberal</u> is willing to tolerate and or accept any point of view, no matter if it is in accord with God's Commandments and His Holy and Divine Will, or not. The liberal often accepts the unchristian opinion if it is self-serving.

The <u>conservative</u>, on the other hand, chooses first to please God by obeying His Commandments. He does not accept new or popular interpretations of the Commandments or Church Doctrine. His morals do not change to please man. He is not afraid to stand for the Truth despite opposition.

These days the lines between conservative and liberal are becoming more marked, and at the same time, more gray. The time approaches when the gray areas will fade away and clear choices will have to be made. This will be not just on some issues, but on all issues. It is then the politics in governments, social circles and Church circles will no longer be choices, but dictates. Society is quickly moving in this direction.

Conservatives will be outnumbered and unpopular. Liberals will support many worthy and unworthy causes. Liberals will win great popularity and support, but beneath their guise of good, lies Satan's agenda - <u>unity in evil</u>." (26 April 2016)

Divulgé(s) en vertu de la Loi sur l'accès à l'information.

R16-013541 MCUEDS

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 10:19 AM

To:

Ministerial Correspondence Unit - Justice Canada

s.19(1)

Subject:

FW: Bill C-14

From:

Sent: April 26, 2016 5:24 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

Dear Ms. Wilson-Raybould,

I am extremely concerned that Bill C-14 contradicts the Supreme Court of Canada's ruling on physicianassisted dying that ironically was the driving force for the legislation, despite the recommendation of the all-party committee of MPs and Senators. The bill effectively excludes individuals with a diagnosis of a severe illness from access to their right to die with the help of a doctor. I strongly believe that essential amendments must be made to Bill C-14.

My concerns, as outlined by representatives of the BC Civil Liberties Association, Dying with Dignity, and supported by the majority of Canadians are three-fold:

- 1. The draft legislation does not meet the minimum standard of the by introducing the requirement that natural death be "reasonably foreseeable." Kay Carter would not have qualified for an assisted death because her illness could have brought her years more of suffering.
- 2. If this legislation is not amended, many Canadians will be left behind those with excoriating chronic . illness who face suffering for years because they are not yet dying, for example, those with MS or ALS.
- 3. Without advance consent, which is NOT included in Bill C-14, people with a diagnosis of dementia and other degenerative medical conditions that lead to later inability to give informed consent will be faced with a cruel choice: take their lives too early or die a horrific death. As well, people who have been approved for an assisted death but who become incompetent (e.g., fall into a coma) along the way will no longer qualify and their suffering will continue.

In addition: there is nothing in the Bill about the responsibility of physicians to refer patients to another physician if they object to assisted death.

Some religious groups and some other intervenors (of opposite minds) have noticeably influenced government policy. These individuals and groups have beliefs (ie.,opposed to the legalization of abortion and same-sex marriages) which they seek to force upon all of us. This is an affront to the secular nature of our country and is unacceptable. They demand that we live and die by their standards; the Supreme Court prescribed dignity and choice for all.

All Canadians need access to their right to die with the help of a doctor, if they so choose, when they meet the criteria set out in the Supreme Court of Canada's ruling on physician-assisted dying. I sincerely reiterate: essential amendments must be made to Bill C-14.

I respectfully request that you seriously consider amending this Bill in accordance with the expressed wishes of the Canadian electorate or failing that to vote for referring the proposed Bill back to the Supreme Court in order for them to assess whether it adequately guarantees Charter Rights.

Sincerely,

Page 869 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

16-013347 MCWEDS

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

APRIL-27-10 TU:55 AW

To: Jody.Wilson-Raybould@parl.gc.ca

Cc: Ministerial Correspondence Unit - Justice Canada Subject: Strengthen Bill C-14, Medically Assisted Dying

92 610041

The Honourable Jody Wilson-Raybould

I am writing regarding Bill C-14. Thank you for the time and consideration you have put into this issue. However, I believe that the bill you have proposed requires amendment to make it compliant with the Charter of Rights and Freedoms and with the Carter decision — and I hope you will direct your staff to make the necessary amendments.

You have heard from many who make this observation much more eloquently — but I do want to add my voice and request that the bill be amended to widen access beyond people whose natural death is reasonably foreseeable.

I agree with the framework put forward in the report of the Special Joint Committee on Physician Assisted Dying and ask that its recommendations be given more attention. One of the recommendations in that framework is to allow advance requests. Bill C-14 does not allow such requests. How does this protect the rights of vulnerable Canadians who have been given a dementia diagnosis and who wish to access assisted dying at an appropriate time?

In addition to amendments to the Criminal Code, the government needs to take steps to strengthen palliative care across the country and improve suicide prevention.

Thank you for your attention.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody, Wilson-Raybould@parl.gc.ca>

Sent:

April-27-16 1:13 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Bill C-14 Needs Conscience Protections

CLW DIG-008-TO

From:

Sent: April 20, 2010 10:12:51 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.: Philpott, Jane - M.P. Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

constituent in your riding, I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, including myself, are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

If "effective referrals" of medical

assistance in dying were legislated, I would be restricted in my practice of medicine and unable to provide the care my patients deserve. This makes me unable to make full use of the personal and public resources that have been invested in my training.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying.

If there are physicians forced to leave the practice of medicine because of shortsighted policies, then there will be patients who will be unable to find the kind of doctor that they would like to have. I am also concerned that facilities that cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Page 872 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

16-013720 MCUEDI

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

April-28-16 10:17 PM

Raj Saini@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

140013

To: Subject:

Assisted Suicide

Dear Honourable Members of our Government,

I wanted to sincerely state that I have very grave concerns about the most recent recommendations by the parliamentary committee and the proposed legislation that would make it mandatory for health professionals and health institutions to perform assisted suicide. This is unconstitutional and denies the rights of a profession who take an oath to preserve life.

s.19(1)

R16-013854 140013 MCVED3

Ministerial Correspondence Unit - Justice Canada

From:

Sent: To:

April-28-16 10:15 PM

Bryan.May@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

FW: update-URGENT re conscience protection Subject:

Attachments:

Coalition for HealthCARE and Conscience Briefing Materials Apr 8 2016 FINALPDF pdf

Please read this document and do NOT force our Health Care Providers to engage in what is morally wrong for them.

We must not be forced to:

o Euthanize or assist with the suicide of a patient (AS/E) o Refer for these procedures even to a third party o Refer a patient to a government official (the Quebec referral model) o Provide this in our nursing homes, hospices or hospitals Our moral convictions form the core beliefs of who we are as healthcare workers and organizations. Forcing us to act against these convictions would deny this deeply rooted tradition of service to the vulnerable and the care our patients expect from us. Not allowing us to offer care for others because we have a different belief or creed is discrimination. Discrimination on the basis of personal characteristics like gender, skin colour, religious belief or creed is illegal in Canada. No other foreign permissive jurisdiction has done this.

We have suggested ways to respect patient's decisions without affecting caregiver's conscience

Who We Are

We are a coalition made up of the following organizations:

- Canadian Catholic Bioethics Institute
- Canadian Federation of Catholic Physicians' Societies
- Catholic Archdiocese of Toronto
- Catholic Health Alliance of Canada
- Catholic Organization for Life and Family
- Christian Medical and Dental Society of Canada
- · Canadian Physicians for Life

Together we represent more than 110 healthcare facilities (with almost 18,000 care beds and 60,000 staff) and more than 5,000 physicians across Canada.

Our members come from diverse perspectives, but all agree that that taking a patient's life violates at least one of the following:

- The Hippocratic Oath
- o Our religious convictions
- o Our mission and values
- o Our founding principles
- Our Professional ethics
- o Our creed, or
- Our deeply held conviction that healthcare should heal people, not hasten death.

We are committed to caring for people. Members of our Coalition are among the leaders in palliative care and care for the vulnerable across Canada. We will continue to serve all patients regardless of their views on the issue of euthanasia and assisted suicide (AS/E). We will respect their legal rights, even when we disagree with their decisions and the laws that allow them. We will deal with their requests respectfully and compassionately working as part of a larger healthcare team. However, we cannot help patients take their own lives, or do it for them.

We must not be forced to:

- Euthanize or assist with the suicide of a patient (AS/E)
- o Refer for these procedures even to a third party
- o Refer a patient to a government official (the Quebec referral model)
- o Provide this in our nursing homes, hospices or hospitals

Our moral convictions form the core beliefs of who we are as healthcare workers and organizations. Forcing us to act against these convictions would deny this deeply rooted tradition of service to the vulnerable and the care our patients expect from us. Not allowing us to offer care for others because we have a different belief or creed is discrimination. Discrimination on the basis of personal characteristics like gender, skin colour, religious belief or creed is illegal in Canada. No other foreign permissive jurisdiction has done this.

We have suggested ways to respect patient's decisions without affecting caregiver's conscience rights. An explanation and legal summary is attached.

For more information, please contact Larry Worthen |worthen@cmdscanada.org (902) 880 2495

It is possible to respect both patient decisions and caregiver conscience rights

All other permissive foreign jurisdictions have robust conscience protection in their enabling statutes. There is no evidence that this has affected patient access. The following scenarios demonstrate how this could work.

Scenario One – conscientiously objecting physician-patient interaction in office or in facility in which AS/E is provided

Under this proposal the federal or provincial governments would create a process allowing patients to directly access an Assessment Advisor who could provide resources and support to patients and connect them to physicians and facilities that provide assessments for AS/E.

When a patient requests AS/E the physician must advise the patient of their conscientious objection to the procedure and referring for it. The physician will try to determine the source of the patient's suffering and identify possible treatments to assist with that suffering. If the patient still would like an assessment, the physician will advise that the patient could access that assessment directly. If the patient opts to do this, the physician would normally continue to be their physician in all other matters unrelated to assisted suicide and euthanasia.

In some cases, patients may not wish to access this assessment themselves or may not be able to do so due to health limitations, lack of family/caregiver support, etc. In these cases, the patient may request a transfer of care from the consciously objecting physician to another physician who has no objection to assist the patient to access this assessment. Transfers of this kind are commonplace within institutions. If it is requested by a patient in the community, the assessment advisor would be helpful in locating another doctor for the patient. This would end the relationship with the conscientiously objecting doctor. The patient's file would be transferred to the new doctor at the request of the patient.

Scenario Two - patient in conscientiously objecting facility requests AS/E

Health care workers in facilities that conscientiously object to providing AS/E work in an environment in which they are constantly treating people of diverse backgrounds and world-views. Often patients make decisions that are not in keeping with the values or beliefs of those caregivers or their organizations. Professional caregivers are respectful of the dignity of their patients even when they disagree with them. They will respond compassionately to their requests, allowing the patient to make the decisions that affect their own health care.

Healthcare facilities like hospitals, nursing homes and hospices should not be forced to provide AS/E on their premises. Patients admitted to these facilities would be advised upon entry of the conscientious objection policy of the facility. If the patient decides and requests to have AS/E they could be transferred to a facility that provides it. Patient transfers are common in healthcare because all facilities do not provide all procedures. They can be organized in a safe and respectful way that causes a minimum of disruption to the patient.

Members of our coalition are at the forefront of helping people with mental illness, disability and those at end of life. More resources are required to enhance these services. We have seen too many patients who have wanted to die due to sickness, disability, depression or despair, only to reconsider such a choice later when circumstances changed, or treatment was provided. People should not be forced into choosing AS/E because society has failed them.

Scenario One Flow Chart

Conscientiously objecting physician-patient interaction in office or in facility in which AS/E is permitted

Patient requests AS/E, Physician informs patient of ethical conflict (i.e. objection to AS/E) and continues to assesses overall well-being of the patient to determine if suffering can be remedied and discusses all treatment options with the patient. The patient makes a choice to request an assessment for AS/E. The patient has two options: **Direct Access** Transfer of Care Patient remains under the Patient seeks transfer of care of their physician. care to another physician. Transfer arranged by the Patient contacts assessment facility, program or by the advisor directly and continues. assessment advisor, to receive medical care not depending on the patient's related to AS/E from their circumstances. Their physician. The physician doing physician provides medical the assessment requests the records to the new patient's records. These are physician and or facility provided by their physician upon request and with the with the patient's approval patient's approval.

The Canadian Medical Association has crafted a very similar proposal.

We are protected by the Charter of Rights and Freedoms

What is the problem with referral? In medicine, referral means recommending a particular course of medical treatment, or sending a patient to an expert to receive a particular treatment. The patient is still in the care of the referring physician. Referrals often include making an appointment for the patient and writing a letter of request and introduction. Referral of any kind is an act of participation, making our members accomplices to the objectionable procedure of AS/E.

Both Catholic and Evangelical theologians have indicated that the act of providing a referral for AS/E is formal cooperation in the death of the patient and the moral equivalent of performing the act itself. Forcing caregivers to refer requires them to break one of the Ten Commandments that guide them in their fundamental duty of service to God and their neighbour. Caregivers in this category are part of a religious minority who rely on the Charter of Rights and Freedoms (s.2) as protection against laws that would force them to refer for AS/E a procedure that they cannot in conscience participate in. If there is a requirement to refer, even to a third party (as in the Quebec model), this will be impossible for many physicians and will result in those health care workers being excluded from these occupations. This is a form of discrimination, which we believe is subject to a section 15 challenge under the *Charter*.

Organizations that operate healthcare facilities are protected

Forcing a faith based healthcare organization like a hospice, nursing home or hospital to provide AS/E on its premises would offend section 2(a) of the Charter. Faith based health care organizations are established on the founding principles and teachings of their faith, and have as their mission the care and service to the sick, vulnerable and the needy. These healthcare organizations are a direct extension of the faith communities and the groups that sponsor them. They represent the living expressions of service established by a religious community. Provision of healthcare is not only a service but a work of the sponsoring religious group and thus a religious act.

The Supreme Court has stated that religious freedom has both individual and collective aspects, and has upheld the right of faith-based institutions to be guided by their own religious and moral principles.

There is no conflict between patient's rights and physician or organizational rights

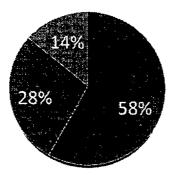
It has been suggested that a conflict of rights exists between the physician or organization and the patient. Firstly, the Supreme Court has never said that every doctor and every facility has an obligation to provide, or refer for every medical service. Specialization is one of the hallmarks of integrated medical care in Canada. Secondly, Scenarios One and Two demonstrate that there is another way to manage this perceived conflict. Forcing physicians to refer, or forcing facilities to perform, especially when it can be demonstrated that this is against their religious beliefs provides a *prima facie* case of infringement of religious freedom. Under the *Oakes* test, the government must choose the least restrictive option if its policy objectives require infringement on human rights. Therefore, how can forced referral be the least restrictive option if there are other viable options that are less restrictive?

A full legal explanation of our position, produced by our legal counsel, is available on request.

Public opinion

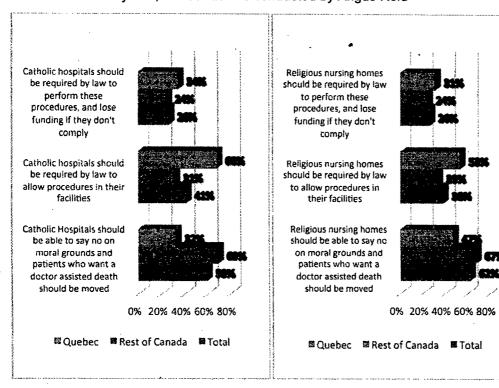
May 2015 survey of 1,201 Canadians conducted by Abingdon Research

How should a physician whose religious beliefs would forbid them from referring for euthanasia be required to act when a patient requests the procedure?



- Neither Perform Nor Refer for Euthanasia
- # Must Refer for Euthanasia
- * Must Perform Euthanasia

March 2016 survey of 1,517 Canadians conducted by Angus Reid



Other jurisdictions

No other foreign jurisdiction that has legalized euthanasia or assisted suicide has forced care workers or care facilities to act against their conscience, and both groups have been protected against discrimination for their moral convictions.

California: An act to add Part 1.85 (commencing with Section 443) to Division 1 of the Health and Safety Code, relating to end of life.

443.14 (2) Notwithstanding any other law, a health care provider is not subject to civil, criminal, administrative, disciplinary, employment, credentialing, professional discipline, contractual liability, or medical staff action, sanction, or penalty or other liability for refusing to participate in activities authorized under this part, including, but not limited to, refusing to inform a patient regarding his or her rights under this part, and not referring an individual to a physician who participates in activities authorized under this part.

443.15 (a) Subject to subdivision (b), notwithstanding any other law, a health care provider may prohibit its employees, independent contractors, or other persons or entities, including other health care providers, from participating in activities under this part while on premises owned or under the management or direct control of that prohibiting health care provider or while acting within the course and scope of any employment by, or contract with, the prohibiting health care provider.

Supporting information can be found at:

http://www.consciencelaws.org/publications/submissions/submissions-023-002-parl.aspx

Detailed wording can be found at:

Belgium:

http://www.consciencelaws.org/law/laws/belgium.aspx

Luxembourg:

http://www.consciencelaws.org/law/laws/luxembourg.aspx

Washington State:

http://www.consciencelaws.org/law/laws/usa-washington.aspx

Oregon:

http://www.consciencelaws.org/law/laws/usa-oregon.aspx

California:

http://www.consciencelaws.org/law/laws/usa-california.aspx

Vermont:

http://www.consciencelaws.org/law/laws/usa-vermont.aspx

16-013568 MCWED3

া inisterial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 10:33 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Opposition to Bill C-14

s.19(1)

From

Sent: April 28, 2016 10:22 AM To: Wilson-Raybould, Jody - M.P.

Cc: O'Regan, Seamus - M.P.; Aglukkaq, Leona :HC; Prime Minister's Office; Housefather, Anthony - M.P.

Subject: Opposition to Bill C-14

Hello Folks

As a Canadian Citizen, I am emailing and calling to exercise my democratic right and express my concern over Bill C-14...the assisted suicide bill. I have also contacted all of your offices via the telephone.

I am a Canadian, strongly opposed to government-sanctioned killing. I would like for parliament to bring forward a new piece of legislation that would make assessed suicide and euthanasia illegal.

As I do not believe in assisted suicide, I would rather see our government invest into palliative care- lending compassion to those at the end of their life. Currently, only 15-30% of Canadians have access to palliative care. This means that Canadians who otherwise might have chosen palliative care if it was available to them may choose assisted suicide instead. This is unjust! We as a nation must invest into palliative care for ALL Canadians before investing in assisted suicide.

Once again, I ask for you to vote AGAINST C-14 at every phase! Minister Wilson-Raybould, it is not too late to revoke your bill!

In our Canadian Charter of Rights, we have the freedom of conscience. By forcing Canadians who are morally opposed to assisted suicide to participate in it through their tax dollars is forcing Canadians to do something against their conscience.

As a Junior High School educator, I am a taxpayer. I also disagree with tax payer money being used for assisted suicide.

Also, Bill C-14 makes NO provision for the protection of medical professional conscience rights. This means doctors and nurses who are morally opposed to physician assisted suicide may be forced to participate in it against their conscience.

This is also a violation of the Canadian Charter of Rights and Freedoms!

Lastly, ALL other jurisdictions that have opened the door to assisted suicide have widened over time, eventually including the mentally ill and at times, even children!

A Canadian study of 208 euthanasia deaths in Belgium found that 66 people were euthanized without giving consent! That is murder, plain and simple. We don't want this to happen here in Canada! Our own Supreme Court has said the following, "The state's execution of even one innocent person is too many." (United States v Burns [2001] paragraph 102) How many innocent Canadians are you willing to see murdered without their consent? Isn't even one too many?

I am very pleased you are able to vote 'freely' during this process. I urge you to vote **AGAINST** C-14 at EVERY phase!

Thank you for taking the time to 'hear my voice' concerning this matter!

Sincerely,

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'information.

140013

R16-013299 MCUEDS

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 10:34 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Urgent letter of concern to The Honourable Jody Wilson-Raybould

Attachments:

Letter to government.docx; ATT00001.txt

s.19(1)

----Original Message-----

From

Sent: April 27, 2016 11:46 PM To: Wilson-Raybould, Jody - M.P.

Subject: Urgent letter of concern to The Honourable Jody Wilson-Raybould

Hello Ms Wilson-Raybould,

I am compelled to share with the leadership of Canada the concerns that God has laid on my heart to share with you. It is a somewhat lengthy letter, but please bear with me, as it is my patriotic responsibility to do what I can for my country. God bless you.

Without prejudice

To The Honourable Jody Wilson-Raybould, Minister of Justice & Attorney General of Canada,

I am writing because I am deeply concerned about Canada, & the direction it seems to be headed, especially regarding the new euthanasia & transgender policies that are currently in the news.

I was appalled that Dr Ellen Wiebe from Vancouver successfully euthanized (murdered) a woman from Calgary, even though it won't be legal till June. The courts gave special permission. My question is, why is the Supreme Court of Canada above the law? Are they not paid by tax dollars to uphold the law? What gives them the right to change the laws of our country in certain circumstances, when everyone else would go to jail for doing the same thing?

I do empathize with the sick who are suffering, but there are better ways of dealing with it than by killing them with lethal injection! Canada's Charter of Rights and Freedoms states that "Canada is founded upon principals that recognize the supremacy of God and the rule of law." I believe that the ending of a human life should be God's decision, & his alone. Perhaps we should change the way we provide life support instead, let people die naturally, rather than resuscitating them when they go into cardiac arrest, especially if they've been diagnosed with a debilitating or terminal illness.

If euthanasia becomes legal, where will it end? If someone deems their spouse or parent mentally incompetent, the decision will probably be made by someone other than the suffering patient, which then becomes doctor assisted murder, rather than doctor assisted suicide. It leads to healthcare professionals being put under pressure by government, to "put down" those patients who cost the healthcare system too much money. Doctors & nurses who are trained to preserve life will be put into a position where they'd rather not be. Elderly patients will feel guilty for being alive, & will feel obligated to choose the suicide, because they are considerate, & don't want to be a bother to anyone. Do we really want our Mom's & Dad's to feel unworthy of life? Do we want them to be counselled or coerced into signing papers to end it all? Of course not! If this officially becomes law in June, it won't just be strangers, it'll be our parents, our children, our friends, we will all be faced with this "choice" whenever we end up in the hospital needing help. Our society is trying to brainwash us to believe that euthanasia is ok. But it's not. Killing is still killing, no matter what we call it.

Now about the promotion of transgender teaching to children. I recently read an article about a kindergarten teacher in Ontario who is a lesbian, & teaches her 4-year old students about her lifestyle, & that it is "normal." (Lifesitenews.com, Toronto, April 20, 2015). She also speaks to other classes about it. If children grow up thinking that they can marry someone of the same sex & have a 'normal' family, imagine their disappointment when they take Biology 30 or other courses, & find out their teacher lied, that two women or two men just can't build a baby together without a third person being involved. I know how quickly things become a fad in the younger generation. If changing our gender becomes a fad like changing our clothing or hairstyles, our youth will be done a great injustice. Imagine the popular student deciding to become the opposite sex. Since he/she is popular & everyone wants their approval, the rest follow the leader. A year later, they change back because the fad has changed, so back to the surgery table & the opposite hormone pills. Their poor growing bodies will suffer for life, because the government bullied the schools into teaching innocent children that they can choose which sex they want to be after they are born. For what purpose exactly? You tell me.

The homosexual lifestyle also causes more health risks to individuals. The Centre for Disease Control & Prevention reports that gay & bi-sexual men are the group most severely affected by HIV, & at greater risk for getting hepatitis. Lesbians are at greater risk for heart disease, some cancers, & depression. (cdc.gov) By promoting this lifestyle in our country, are we actually caring about transgender people, or are we contributing to their demise? By enforcing this new legislation that allows anyone from either gender to utilize the bathroom of their choice, transgender people are once again being singled out, another way for them to be gawked at as different, when all they really wanted in the first place was to fit in. What it will promote is sexual predators & pedophiles utilizing public bathrooms to find their victims. As a mom & grandma, I am embarrassed in a woman's change room at the pool when other women don't bother to go behind a curtain to change, but display their nakedness for all to see. I don't want minor children in my care to be exposed to that, & I definitely don't want my little granddaughter to witness naked men in the women's bathroom. I also don't want my sons, grandsons, or even my husband to be embarrassed or sexually harassed by naked women in the men's change room either.

Our healthcare system is already over-burdened with people on long waiting lists, waiting for medically necessary procedures. If gender-change surgery is added to their work load, how will that benefit our country? Will tax-paying citizens be forced to pay for it, or will it be elective surgery that they have to fund themselves? If transgenderism is taught in schools, will the poor parents have to foot the bill when their son decides he would rather be a girl? I know some little girls who are very good at throwing tantrums to get what they want. Trust me, the most important thing at a certain age is to fit in with your peers. As a government, I urge you to think these things through before making a hasty decision that will have long-term devastating consequences for all of us. I want my grandchildren protected from this, rather than having them bullied at school to not accept themselves the way God made them.

Pharaoh from Egypt is remembered as the wicked leader who gave orders to drown all the Hebrew baby boys in the river, in order to subdue the Israelite population. (Exodus 1:22, The Holy Bible) King Herod is the infamous king who gave orders to kill all the boys in Bethlehem, who were under the age of two, in an attempt to kill Jesus. (Matthew 2:16, The Holy Bible). Hitler is remembered for killing thousands, as he tried to promote a "healthy" society of only fit working people of the same race. What do we want to be remembered for? I certainly don't want to be known as 'The generation who murdered babies in their mothers womb, killed the sick & their elders, & surgically changed their perfectly healthy people from girls to boys.' What are we teaching our children? Is this not blatant disrespect & unacceptance of people who aren't like us? What do we want to be remembered for when the next generation writes their history books? What kind of legacy are we leaving behind?

What will today's government be remembered for fifty years from now?

Thank you for taking the time to read my lengthy letter. I do appreciate the many wonderful things this country offers & stands for, & I don't want to lose it. I know that you as a politician have a very hard job to do, & I don't envy you at all. You can't please all the people, that is impossible. However, at the end of the day, you have to sleep with a clear conscience, as do I. At the end of life, we will give an account of our actions to God. Please do your best to govern this great country of ours in a way that will honour God, uphold the rule of law, & let you have a restful sleep every night.

Thank you,

MCMEDZ FIR-000222

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 10:41 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Help fix the government's flawed assisted dying bill

----Original Message----

s.19(1)

From:

Sent: April 27, 2016 4:10 PM

To: Murray, Joyce - M.P.; Wilson-Raybould, Jody - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Members.

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass gunendurable suffering. Thank you for your considerable suffering.		eaningful choice in the face of
		s.19(1)
Yours sincerely,		
	. Constituent	
Name of the Control o	•	•
This email was sent via do ngooder, a campaign about. The FROM field of this email is campaign this email address:		
In accordance with web protocol FC 3834 (http the REPLY-TO field and you should respond to	://www.rfc-base.org/rfc-3834.h at that email addre	
To learn more about do^gooder visit www.good	d.do	•

DI6-009382 MCUED3 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

April-28-16 10:41 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Help fix the government's flawed assisted dying bill

P

s.19(1) -----Original Message-----

From:

Sent: April 27, 2016 4:08 PM To: Wilson-Raybould, Jody - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Jody Wilson-Raybould MP,

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of
unendurable suffering. Thank you for your consideration.

S.19(1)

Yours sincerely,

-D CCNS NICCN-F

This email was sent via do^gooder, a campaign platform that enables people to contact you regarding issues they care about. The FROM field of this email is campaigns@good.do however the email was sent by who provided this email address:

In accordance with web protocol FC 3834 (http://www.rfc-base.org/rfc-3834.html) we have included this address in the REPLY-TO field and you should respond to at that email address.

To learn more about do^gooder visit www.good.do

16-613581 MCUEDS 140013 KF

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

April-29-16 6:29 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject: I support conscie

I support conscience rights and the protection of the vulnerable

Dear Minister Wilson-Raybould,

While I am opposed to any form of euthanasia, I understand that the province will be developing legislation to regulate assisted death in the near future. I am very concerned about the protection of conscience rights for health care workers and healthcare facilities who cannot participate because of their moral or ethical convictions.

Provincial legislation must have conscience protections for health care workers and facilities like hospitals, nursing homes, or hospices. This legislation must protect health care workers from being forced to perform or refer for these procedures, or being discriminated against because of their conscientious objection. In the same way, facilities must not be required to provide euthanasia on their premises.

No foreign jurisdiction that allows euthanasia requires physicians to refer or facilities to provide it. For example, California's law says that participation in any activities related to assisted suicide is voluntary.

Objecting health care workers and facilities are not able to participate in euthanasia for reasons of conscience, ethics, organizational values, religious convictions or the Hippocratic Oath. Many are members of religious traditions that consider referral of any kind, or allowing assisted death on facility premises, as forms of participation in euthanasia.

The Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to do, things against their conscience or religious convictions. There are ways to respect patient decision making while also respecting the rights of caregivers and facilities not to be involved.

Objecting caregivers and facilities are motivated by their concern for the well being of the patient. I would like to go to one of these doctors or be cared for in one of these facilities. If they are forced out of Canadian healthcare, I will not have this option. This restricts my freedom of choice.

I would also like to see increased funding for palliative care, mental health and support for people with disabilities. People who are desperate need to have supports in place so that they have an alternative to assisted death.

Sincerely,

R16-013610 NCHEDZ 140013 DB

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent: To:

2016-Apr-29 4:23 PM

Ministerial Correspondence Unit - Justice Canada

Subject: FW: Bill C14

----Original Message----

From:

Sent: April 29, 2016 3:29 PM To: Wilson-Raybould, Jody - M.P.

Subject: Bill C14

Hello, as a concerned Canadian I just wanted to express my opposition to this proposed Bill C-14.

I would appreciate it if you would vote against C-14 at every phase and call on Parliament to bring forward a new piece of legislation that would make assisted suicide and euthanasia illegal. This is still in your power to do.

I would rather see our government invest into palliative care. Currently in Canada only 15-30% of Canadians have access to palliative care. This means that Canadians who otherwise might have chosen palliative care if it was available to them may choose assisted suicide instead. This is unjust. Canada must invest into palliative care for all Canadians before investing in assisted suicide for all Canadians.

One of the Canadian Chartered rights is that every Canadian has the freedom of conscience. By forcing Canadians who are morally opposed to assisted suicide to participate in it through their tax dollars the government is forcing Canadians to do something against their conscience. This is wrong and I am opposed to assisted suicide being funded by taxpayer dollars.

Bill C-14 makes no provision for the protection of medical professional conscience rights. This means doctors and nurses who are morally opposed to physician-assisted suicide may be forced to participate in it against their conscience. This is a breech of the Canadian Charter of Rights and Freedoms. This is wrong. The slippery slope is real Also, ALL other jurisdictions that have opened the door to assisted suicide have widened and widened it over time eventually including the mentally ill and at times even children. I find this incredibly concerning. This slippery slope is real. Please vote against C-14 at every phase because of these reasons.

If Parliament is concerned about the Supreme courts deadline they can invoke the notwithstanding clause and have more time to bring forth a New piece of legislation that has clear guidelines and truly does protect all Canadians.

Sincerely

R16.0095 MCUEDI 14003

ম্ভানাsterial Correspondence Unit - Justice Canada

From:

Geoff Regan, M.P. < geoff@geoffregan.ca>

Sent:

April-29-16 3:31 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: I support conscience rights & the protection of the vulnerable.

Attachments:

image001.jpg

s.19(1)

The Honourable Jody Wilson-Raybould, P.C., M.P. Minister of Justice and Attorney General of Canada

Dear Minister Wilson-Raybould:

I am writing on behalf of Geoff Regan, M.P. in regards to feedback received from constituent concerned that the current legislation regarding physician assisted death does not protect doctors and nurse practitioners in should it go against their values. Her correspondence is below.

Mr. Regan wanted to bring this to your attention.

Yours truly,

Kevin Harrison

Constituency Assistant | Office of the Honourable Geoff Regan P.C., M.P | Member of Parliament for Halifax West House of Commons | Parliament of Canada | 902-426-2217 | • 902-426-8339 facsimile | www.geoffregan.ca

1496 Bedford Highway | Suite 222 | Bedford, NS B4A 1E5

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----Original Message----

From:

Sent: Monday, April 18, 2016 2:13 PM

To: geoff@geoffregan.ca

Subject: FW: I support conscience rights & the protection of the vulnerable.

From:

Sent: April 16, 2016 7:04 PM To: Regan, Geoff - M.P.

Subject: I support conscience rights & the protection of the vulnerable.

To My Member of Parliament;

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would' like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-Apr-29 2:02 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 - Submission of Brief

Attachments:

Brief to Justice Committee on Bill C-14 Final.pdf

From: LifeCanada

@lifecanada.org]

s.19(1)

Sent: April 29, 2016 2:01 PM

To: ~Justice and Human Rights/Justice et droits de la personne Cc: Wilson-Raybould, Jody - M.P.; Hon.Jane.Philpott@Canada.ca

Subject: Bill C-14 - Submission of Brief

To Whom It May Concern,

Please see attached our submission to the Justice Committee on Bill C-14.

Kind regards,



LifeCanada/VieCanada Toll free: 1-866-780-5433

www.lifecollective.io/lifecanada

United as one. Affirming LIFE for all.

Pages 895 to / à 896 are withheld pursuant to sections sont retenues en vertu des articles

19(1), 20(1)

of the Access to Information Act de la Loi sur l'accès à l'information

R16-013543 R NICUEDS 140013

april 27-2016 Donourable Jody Wilson-Ray bould Dinister of Justice and attorney House of Commons Ottawa, and HIA DAG

Dear Honorable Winister Wilson - Kaybould; Re: 3015.04 mobbe Section 33 y the Canadian Charter of Bighto and Freedoms in the Case of larter V. Canada

Jam writing as a private litizen of anada in regard to the above resolution which Support. The Dederal government is Commended on taking action and asking for a six-month extension " my bidev to ename and asking for a six-month extension" my bidev to engage and consult with (anadians This Very complex and personal Still favor the Canadian Federal government asking to moke Sect. 33 which gives the elected government the legislative authority to overlain or suspend a judicial court Nuling. Since the ruling of the Supreme (out of anada has broad implications)

for all Canadian Litizons and in particular the Vulnerable rockety

Cort C. 000897

MINISTER OF JUSTICE INDUSTRE DE LA JUSTICE

2016 HMY - 3 A 9 5 1

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2/

Jacing end-g-lye decisions, there is a meed for more time - more than six months to ensure all of the safety - patteres and needs are addressed. This Auling puts a burden on the medical projessions who care for the aging as well as their lave givers. Our elected Officials Represent the people of Canada and their duty is to ensure the rights I all landians are served when legislation is drafted (anadians now and in the Julius will be offeeted by this legislation. Un additional six months? a better alternative would be moking Sect. 33 Careful deliberation and July Consultation and dialogue with all offected parties. The government has stated "Canadians have made it clear that they are looking for a real conversation about personal Choice, health care and end-g-life Choice, health care and my test land start feet the Vulnerable reconsider and moke dection 33

Sthe Canadian Charter of Rights

Cend Treedome in the Case of

Carter V. Canada, morder to The reeds of also

urge the Federal government to

confd

prioritée making patient-centerel, good quality palliatue lare more accessible.

Hankyow for your attention to this matter and I look forward to receiving a reply to my Simon D. Concerns. Sincerely

December 3 - 2015 attawa Ont - Dept. Justice - Physician - Essisted dying. to extend time for Federal gout, Provincial goot, and territorial response.

Request to supreme Court the of Conada

to extend time for Phylician assisted dying is a complex and deeply personal issue for Canadians of all ages and backgrounds . The Federal Youenment's response will affect allysociety. That, is why we are Sumly Committed & including (anadians) and taking the time to develop athoughtful Densitive, and well informed response. We recognize 60th a persons right to make fundamental decesions aboves his of her life and the need to protect those who are vulnerable The Hanourable Jody Wison-Raybould Min. Dustice and Cettomery Generousson of Canada

MCLED3 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-Apr-29 2:05 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Help fix the government's flawed assisted dying bill

1/m D16-011250

s.19(1)

----Original Message----

From:

Sent: April 29, 2016 11:24 AM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Members,

Modified form Letter.

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.

s.	1	9(1	1

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In accordance with web protocol FC 3834 (http://www.rfc-base.org/rfc-3834.html) we have included this address in the REPLY-TO field and you should respond toat that email address.
To learn more about do^gooder visit www.good.do

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R16-0138 M(LEO3 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-Apr-29 2:05 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Four things you can do to help fix Bill C-14

s.19(1)

From:

Sent: April 29, 2016 11:32 AM

To: Eggleton, Art :Sen; Trudeau, Justin - Député; Ratansi, Yasmin - M.P.; Wilson-Raybould, Jody - M.P.; Chong, Michael - M.P.

Cc: Cullen, Nathan - M.P.; Dawson, Dennis :Sen; Eaton, Nicole :Sen; Hubley, Elizabeth :Sen; McCallum, John - M.P.;

Miller, Larry - Riding 1; MacDonald, Michael :Sen

Subject: Fw: Four things you can do to help fix Bill C-14

we want fair laws for assisted dying.

We still have time to speak out in favour of much-needed changes to the federal government's proposed legislation on assisted dying.

Without significant changes to the bill, entire groups of people who were already deemed eligible by the Supreme Court will be effectively barred from rightful access to assisted dying. It denies access to all but the terminally ill, and it does not allow Canadians with a recent dementia diagnosis to make advance requests for assisted dying. In short, the bill does not comply with the Supreme Court's decision in *Carter v. Canada*, nor does it respect the *Charter* rights of Canadians. This is not the patient-centred approach our supporters were promised.

Many MPs and Senators have already spoken out against the restrictive and discriminatory nature of Bill C-14. It's time we leverage their support to push for much-needed amendments to the bill.

Here are four ways you can help fix Bill C-14 right now:

- 1. **Email Your MP:** Before your MP votes on the bill, they *need* to hear from you. Use our <u>newly updated Email-a-Rep tool</u> to urge your MP to take a stand for fair laws for assisted dying.
- Email Your Senators: Multiple senators of different political stripes have criticized Bill C-14 and have said they will work to improve it. Let your senators know you agree — use <u>our new Senate-specific Email-a-Rep</u> <u>action</u> to send a strongly-worded message to all the senators representing your province or territory.
- 3. Meet with Your MP: Want to really make an impact on your MP? Having an in-person conversation or a phone call with your representative is perhaps the single most impactful thing you can do to influence their approach to Bill C-14. We've created a toolkit with suggestions on how to organize a meeting with your MP and what points to bring up when you're speaking with your representative.
- Spread the Word: After you've used our Email-a-Rep tools to contact your MPs and Senators, send the links to your friends and family, and post to social media.

Time is running out, but the fight is far from over! Let's make the most of these opportunities now to fight for the rights of *all* suffering Canadians.

Thanks for your support,

Shanaaz Gokool CEO, Dying With Dignity Canada http://www.dyingwithdignity.ca/

Fuel change in 2016. Donate to Dying With Dignity Canada today!

You can also keep up with us on <u>Twitter</u> or <u>Facebook</u>.

Dying With Dignity Canada 55 Eglinton Ave E, Suite 802, Toronto, ON M4P 1G8, Canada

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s.19(1)

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K16-013814 MCUEDI

Ministerial Correspondence Unit - Justice Canada

From:

2016-May-01 3:50 PM

Sent: To:

Ministerial Correspondence Unit - Justice Canada

Subject:

Assisted Suicide Legislation

J.A

The Honorable Jody Wilson-Raybould Minister of Justice and Attorney General of Canada

s.19(1)

Dear Madam Member of Parliament

I am writing this letter outlining some of the concerns I have regarding the Canadian Parliamentary Committee's recommendations on Assisted Suicide. I am a senior who believes that all life is sacred, from conception to natural death. I am concerned that the phrase "dying with dignity" trivializes the aging process, and very soon, people will be considered to be expendable as soon as they are no longer productive or of any value, in a consumer culture.

The Charter Rights of all health workers involved with the sick should not be trumped by those who want to end their lives at their own convenience. All vulnerable people including distressed youth, the poor, the mentally ill, and the disabled need strong protections from the Rights being enforced by the louder, more powerful voices in the Euthanasia battle.

I believe that more resources need to be set aside to make sure that all persons in Canada who are dying, have access to the very best palliative care. The Canadian Government needs to be a strong advocate for the Charter Rights of the majority of Canadian citizens who fear a lonely, painful death and want a loving solution to their dilemma, instead of the false hope of assisted death, which is currently being proposed for these people.

I thank you for your service as a Liberal member of Parliament, and hope to receive a response from you, regarding this pressing concern.

Sincerely,

18119-012-140

Ministerial Correspondence Unit - Justice Canada

From: Sent: Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

2016-May-01 4:26 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

CONTENT FORM 1707 140012

From:

Sent: May 1, 2016 1:25:57 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

s.19(1)

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

I have great compassion for those suffering in their health to such an extent that they would choose assisted death. However, this legislation will most certainly begin to change our view of the sick, the disabled and the elderly. When I talk to those supporting the legislation, the issue of limited health care dollars is already a major factor in their perspective. I pray that EVERYTHING will be done in YOUR power to ensure that the rights of the sick, the disabled and the elderly will be protected as well as those of our health care professionals who could not in GOOD conscience participate in the euthanization of another human being.

Sincerely,

Thank you.

N-P. RIG-012755 MCWED5

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-01 11:13 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

14001

From:

Sent: May 1, 2016 8:12:38 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

s.19(1)

Dear Minister Wilson-Raybould,

I beg you to please read this letter to the very end.

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

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Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Pages 909 to / à 910 are withheld pursuant to section sont retenues en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

Ministerial Correspondence Unit - Justice Canada

Fuhr, Stephen - Riding 1A <Stephen.Fuhr.C1A@parl.gc.ca>

Sent: 2016-May-02 1:08 PM

To: Ministerial Correspondence Unit - Justice Canada; Hon.Jane.Philpott@Canada.ca

Subject: Protection for Vulnerable Persons in MAID legislation
Attachments: Protect Vulnerable Persons.docx

Good morning Honorable Ministers,

Today we were contacted by the of the Pathways Abilities Society in Kelowna (
www.pathwayskelowna.ca) with concerns about protecting vulnerable people in the Medical Assistance in Dying legislation. They raise some very valid concerns that are best addressed through your respective Ministries. I would ask that in your reply you also CC our office for our record. I have included the original email below.

Thank you for your prompt attention.

Regards,

From:



Lance Greenberg

Constituency Assistant
Office of Stephen Fuhr, CD
Member of Parliament for Kelowna – Lake Country
Chair, Standing Committee on National Defence

102 – 1420 St. Paul Street Kelowna, British Columbia, V1Y 2E6

Telephone: 250.470.5023

Email: Stephen.Fuhr.c1a@parl.gc.ca

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Hi Stephen,

As you will be aware of Bill C-14, "An Act to amend the criminal code and to make related amendments to other Acts (medical assistance in dying)" had its first reading on April 14, 2016.

Pathways is joining other provincial and territorial association for community living to ensure that the unique needs of people with intellectual disabilities are protected through the incorporation of the **Vulnerable Persons Standard** (VPS) into the Act. The premise is that adults with intellectual disabilities must have protections within the new legislation such that their experiences as a vulnerable persons are factored into decisions regarding assisted death.

The VPS has been carefully developed not to infringe on the right of others to access assisted death as the Supreme Court of Canada stipulated in the Carter Decision. We are not arguing against Assisted Death – that position is no longer available to us given the Supreme Court of Canada decision. We are saying that people with intellectual disabilities are vulnerable and therefore require safeguards so that they are not pressured or unduly influenced to access assisted death or have others make the decision for them. I have attached the "Protect Vulnerable Persons-A call to Members of Parliament and Senators". It explains in detail the issues at hand and what needs to be done to make the current version of the Bill a stronger protection for people with an intellectual disability. Please consider taking these recommendations forward.

I would be happy to meet with you to discuss further or provide clarity or additional information. Thank you in advance for your consideration and assistance in ensuring some of our most vulnerable citizens are protected.

Pathways Abilities Society 123 Franklyn Rd Kelowna, BC V1X 6A9 Phone: s.19(1)

www.pathwayskelowna.ca

Employ, Empower, Embrace

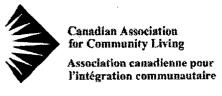
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Protect Vulnerable Persons

In Bill C-14 – Medical Assistance in Dying

A Call to Members of Parliament and Senators

April 2016



Diversity includes. On se ressemble.



Introduction

The Government of Canada has introduced Bill C-14 – *Medical Assistance in Dying*. It would amend the *Criminal Code* to legalize assisted dying for those who are eligible. To meet the Supreme Court of Canada's deadline, the bill must be passed into law by June 6.

The Canadian Association for Community Living (CACL) and its membership have worked for several years to ensure protections for vulnerable persons and have reviewed C-14 carefully. We believe the legislation takes an appropriate step towards addressing the vulnerability of people living with disability and providing a limited set of safeguards for this purpose.

As we move toward final legislation, we are calling on Members of Parliament and Senators to now strengthen the bill to ensure that vulnerable persons will be fully protected in the coming system. The Supreme Court of Canada definitively stated that the system must provide fair access for assisted death and *also* protect vulnerable persons who may be induced to use the system to die.

To MPs and Senators Considering C-14:

- 1. **Keep Bill C-14 focused on those who are dying** The bill recognizes medical assistance for those whose "natural death has become reasonably foreseeable" and who are in an "advanced state of irreversible decline in capability." These criteria must remain embedded in the law. Otherwise, vulnerable people will be at much higher risk.
- 2. **Strengthen the safeguards in C-14** The bill provides a minimum of safeguards against inappropriate use of medically assisted dying. However, evidence indicates that on their own, they are not enough. Three additional safeguards are needed:
 - Establish a clearer standard of voluntary request and consent, stating there can be no external pressure or any form of inducement.
 - <u>Mandate a palliative care or other professional evaluation</u> to ensure patients' right to informed consent i.e. by having information about the *full* range of available treatments and supports that could ease their suffering, whatever its source.
 - Extend the current Supreme Court requirement for judicial oversight until a study of the merits and implications of any form of prior review can be conducted.

Without these additional safeguards, the bill will be subject to a *Charter* challenge for failing to protect vulnerable persons.

3. **Establish a national monitoring and reporting system** — The bill requires only that the Minister of Health 'may' make regulations to put a monitoring and reporting system in place. There <u>must</u> be a system, so we can track what happens, from the outset. Therefore, the legislation must require the Minister to put it into place by the time the law comes into force.

Keep Bill C-14 focused on those who are dying

- Medical assistance in dying should be just that: for those who are dying.
- Making assisted death available to people who are not dying will put a growing
 group of vulnerable persons at risk of using the system to die: people with
 psychiatric, intellectual and other disabilities, indigenous and aboriginal persons and
 other vulnerable populations who are at higher risk of suicide.
- Legalizing access for these groups solely on the basis of mental conditions risks: error in assessments of options available to alleviate suffering from non-life threatening conditions; giving what can be a temporary suicidal wish the authority to terminate a person's life, from which there can be no return or change of mind; and a growing social acceptance that some disabling medical conditions justify terminating a person's life before their natural death is even foreseeable. This would further entrench disability-related social stigma and negative assessments about the quality of some people's lives.
- We agree with the Minister of Justice that to permit access for people who are not dying would undermine support for suicide prevention and reinforce negative social perceptions "about the quality of life of people who are ill or disabled."

Bill C-14 safeguards are essential, but three more are needed

Without additional safeguards, some of those whose death is foreseeable and who meet other eligibility criteria will still be at risk of being induced to using the system to die. The ways in which people can be induced to die are not widely understood or accepted in our society. For example:

- Evidence shows that people at risk include those who experience poverty,
 discrimination and lack of needed support, or grief, loneliness, depression or the fear of
 dependence and being a burden to others. Forms of abuse, coercion or subtle pressure
 contribute to vulnerability and may lead to requests or encouragements to end life
 before natural death.
- Evidence from other jurisdictions (e.g., Oregon, Netherlands, and Belgium) also shows
 that people use the system to die because they feel a burden and think it will be better
 for themselves and others if they are dead. Inducement and coercion is a reality in
 systems where medical assistance is in place, but adequate safeguards are not.
- We know that when vulnerable people are supported through adequate home and palliative care they are less likely to make a choice to end their lives. But a growing number of Canadians face insurmountable gaps in meeting their and their families' needs for support, on their own. Medically-assisted death may come to be seen as the most affordable and reasonable option to those without resources and who are concerned about stress and burden on family and unpaid caregivers.

Given these concerns, it is essential to keep the safeguards already in Bill C-14, including:

- The preamble to the Bill which commits to protecting vulnerable persons
- Restriction to natural death that is reasonably foreseeable and advanced state or irreversible decline;
- Preventing persons whose suffering arises solely from a mental condition people in this situation need support.
- Preventing mature minors from accessing this option this needs more study.
- Preventing access through advance directives people who cannot consent to a lethal
 injection or pill at the time it is to be taken are, by definition, vulnerable. The Supreme
 Court made this clear. Good palliative care is the solution in these situations.

While these safeguards are a start, they don't go far enough. Our *Report Card on Bill C-14* measures the proposed safeguards against a list of evidence-based requirements that a group of over 40 leading Canadian experts in health care, law, ethics and disability say are essential to protect vulnerable persons. The *Vulnerable Persons Standard* (VPS) at www.vps-npv.ca outlines this evidence. Our Report Card below, shows that three additional safeguards should be put in place to ensure adequate protection of vulnerable persons:

- Recognize the right for patients to be informed of the full range of available treatments, technologies and supports that could ease their suffering, whatever its source. This would require mandating a palliative care consultation or some other professional intervention to examine sources of suffering and ensure all options to address it are identified. Without this, a person's consent to die will not be informed and so cannot be voluntary.
- 2. Establish a clearer standard of voluntary request and consent, stating that it cannot be made as a result of external pressure or any form of inducement. Currently, Bill C-14 only recognizes "external pressure". On its own, this criterion does not reflect evidence about ways that vulnerability can induce people to request and consent to assisted death through self-stigma, unmet needs, and fear of dependence and burden on others.
- 3. Extend the current requirement for judicial oversight until such time as a study of the merits and implications of any form of prior review can be conducted. Medically assisted death represents a profound change to our social fabric, and a huge risk to vulnerable persons. Great care is needed to ensure that eligibility criteria and safeguards are clearly understood and consistently applied. It must only be provided to people who are eligible, who are actually dying, and who have not been induced. In the absence of data on effectiveness of proposed safeguards, judicial authorization should stay in place. Some may object that this is a violation of rights of access. However, the Supreme Court itself ordered judicial authorization in the period before June 6, stating that "Requiring judicial authorization... ensures compliance with the rule of law and provides an effective safeguard against potential risks to vulnerable people."

Establish a national monitoring and reporting system

The legislation must require transparency, consistency and accountability in order to:

- Address the fears of many Canadians who oppose this practice
- Serve the public health and societal interests affirmed in the Bill's preamble
- Protect the integrity of Canada's health care system
- Ensure adequate information on which to evaluate the system.

To do this, the legislation should:

- Include a requirement to monitor and report information about requests and provision
 of assisted dying, including: demographic, geographic and diagnostic information (as
 noted in the <u>online FAQ about Bill C-14</u>); and information about the suffering that
 motivates requests, as well as the particular treatment and support options offered and
 pursued in response to that suffering.
- Be amended to specify that the Minister will make (not may make) regulations
 regarding the mandatory reporting of information about requests and provision of
 assisted dying, and that those regulations will come into effect the same day as the law.

In closing, we urge MPs and Senators to:

- Keep Bill C-14 focused on people who are dying;
- Include three additional safeguards:
 - o mandate palliative or other consultations
 - o provide a standard of informed consent that guards against any form of inducement;
 - o extend the requirement for judicial oversight until a study is done on other options.
- Ensure a national monitoring and reporting system when the law comes into force.

We also urge you to pass legislation by June 6

In a just published legal <u>opinion</u>, constitutional law expert and professor emeritus Dianne Pothier writes "it is not a responsible option for the Parliament of Canada to fail to act by June 6, 2016." People would not have any protections of the Criminal Code: requests could be decided by a single doctor without any period for reflection or review and without any written record, or legal or public accountability. A safeguards system by June 6 is essential.

Our community trusts Parliamentarians to reach non-partisan agreement on how to ensure reasonable access to medically-assisted death for those who are dying, while also safeguarding vulnerable Canadians who lack treatments, supports or are externally pressured or induced to die. We hope our proposals for Bill C-14 help envision the common ground on which that agreement can be forged.

Report Card on Bill C-14's Safeguards for Vulnerable Persons

Main Vicini	səfəguard in the	is fria Bill C-147	What needs to be added or changed?
1.	Equal protection for vulnerable persons	Partly - in the preamble	 Commit to study need and options for arms-length authorization (along with studies on mature minors, advance directives, and mental health conditions) Additional safeguards, below, and in regard to monitoring.
	Limit to end of life situation	Pass	- Bill C-14 introduces a new legal phrase — 'natural death that is reasonably foreseeable'. Appears to meet concerns, provided other safeguards are in place
3.	Clear requirements and protocols for voluntary and informed consent	Partly – includes voluntary consent, but only refers to being free of 'external pressure'	 Be consistent with Carter: Require that the patient is free from external pressure, and not vulnerable to being 'induced to commit suicide'.
			 Recognize the right of patients to be informed of the full range of available treatments, technologies and supports that could ease their suffering, whatever its source.
4.	Careful attention to causes of suffering and possible vulnerability	Not yet	 Need another eligibility criterion: that the person is not vulnerable to being induced to commit suicide in a time of weakness Require a palliative care consultation or other measure to address suffering, support and treatment needs and options
5.	Arms-length authorization	Not yet	- Until further study can be done on options, keep in place the armslength authorization the Supreme Court ordered on January 15, 2016. The Court said that judicial oversight was necessary to safeguard vulnerable people.

K16-013822 MCUEDS

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

140013

Sent:

2016-May-02 9:17 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Concerns RE: Equity Issues in Bill C-14 (medical assitance in dying)

Attachments:

Equity_Issues_(Bill C-14)j_Comments_by_ERC_2016.pdf

From:

Sent: May 2, 2016 1:18 AM To: Wilson-Raybould, Jody - M.P.

Subject: Concerns RE: Equity Issues in Bill C-14 (medical assitance in dying)

To: The Honourable Jody Wilson-Raybould, Minister of Justice

House of Commons Ottawa, Ontario Canada email: <u>Jody.Wilson-Raybould@parl.gc.ca</u>

RE: Equity Issues in Bill C-14 (medical assistance in dying)

Dear Minister Wilson-Raybould,

Please find attached a letter highlighting critical equity issues related to Bill C-14 (medical assistance in dying). I sincerely appreciate this opportunity to communicate the importance of the inclusion of the equity perspective in all discussions connected to this proposed legislation.

Sincerely

s.19(1)

To: The Honourable Jody Wilson-Raybould, Minister of Justice House of Commons Ottawa, Ontario Canada Email: Jody Wilson-Raybould@parl.gc.ca

RE: Equity Issues in Bill C-14 (Medical Assistance in Dying)

Dear Minister Wilson-Raybould,

Thank you sincerely for this important communication opportunity. This letter has been carefully researched and written to highlight concerns about equity issues for the new legislation on medical assistance in dying based on the recent Supreme Court decision engaging the Carter case. It summarizes key points related to Physician Assisted Death as it connects to the universality of the Canadian Charter of Rights, social determinants of End-of-Life care choices of diverse minority Canadians, cultural context of medical ethics, and interface with passive involuntary euthanasia. The detailed information around these issues is greater than included in this outline, but we hope the points articulated in this letter ensure the equity perspective be comprehensively considered in any proposed legislation.

Both our *Charter of Rights* and the *Health Accord* recognize the value of universality. We believe that in our multicultural and pluralist liberal democracy, our laws, legislation, and prevailing norms of medical ethics engaging culture specific issues such as death and dying need to be aligned with the pluralism of our Canadian society, recognizing both majority and minority perspectives equally for inclusiveness and fairness of policy.

Bill C-14 includes a substantive record of "vulnerabilities" and appropriate "safeguards". From the standpoint of equity principles, critical vulnerability also lies in different social perspectives of diverse Canadian communities on perceptions of role and importance of family, and concepts such as autonomy, benefits, harm, futility, or serious illness care goals, where safeguards would entail a culturally responsive understanding and interpretation of these important variations. It may be noted that most legalization models of voluntary euthanasia, grounded on principles of medical ethics, are largely informed by dominant values of Western philosophy. Therefore in our pluralist context, there is a crucial need for education of healthcare practitioners to:

- (a) recognize the conscious and/or unconscious cultural context of their own assumptions, and
- (b) respect variations in interpretation of ethical norms by others, whether they be patients or their colleagues.

The Bill's thoughtful consideration of "conscientious objection" of practitioners offer an important reference for translating this *intra-group variation* dynamic to address *inter-group diversities* in an inclusive process.

The decriminalization of active voluntary euthanasia has inherent capacity to seriously impact the continuing opaque practice of passive involuntary euthanasia (which through practice of Unilateral Withholding overrides a competent patient's voluntary choice of possible treatments or interventions). For all vulnerable Canadians (especially diverse minorities whose belief and values are shaped by norms of their own faith and culture), the conceivable coalescing of these two distinct versions of euthanasia with fundamentally different outcomes, pose a perilous risk for all the reasons of misinterpretations described above. Without close monitoring mechanisms and rigorous protocols that can prevent the risk of substituting inappropriate clinical judgement for inadequate cultural competency, the proposed legislation might become a determinant of severe disparity for many Canadians, denying them the right to make their own voluntary choice according to their own values and beliefs — a right accorded to all Canadians in the Charter.

We welcome the proposed Legislation as an exemplary action to the extent it <u>now recognizes the "positive" right</u> of all Canadians to access interventions of their own choice. We trust it would <u>provide equal</u> opportunity for those who want active assistance of doctors to end their lives, with <u>those</u> who seek physician assistance to access life sustaining interventions as a sacramental commitment; allowing all Canadians to manage their End-of-Life treatment without fear of being marginalized or ignored for following their own wishes based on reasonable faith, cultural, and/or philosophical values.

It is imperative that we ensure the equity perspective is included in all discussions of the proposed legislation of medical assistance in dying. We appreciate your careful consideration of the above issues (from universality of the charter, to assumptive medical ethics, to culturally appropriate End-of-Life care choices, and most critically, prevention of "Unilateral" Withholding) within the context of safeguards and protections. We would appreciate an opportunity to expound further on these matters if they can be of help in developing legislation that ensures the End-of-Life care goals of all Canadians are recognized and protected in our democratic pluralist nation.

Best regards,
cc: Office of the Minister of Health

s.19(1)

April 2016-Equity Issues in Bill C-14 (Medical Assistance in Dying)

s.19(1)

K16-013826 MCUED1

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-02 8:56 PM

To:

jane.philpott; Ministerial Correspondence Unit - Justice Canada; jody.wilson-raybould;

hon.jane.philpott

Subject:

Fwd: Submission re: Bill C-14 ("medical assistance in dying")

Attachments:

Submission to JUST - Bill C-14 - Maloney.pdf

Dear Minister Wilson-Raybould and Minister Philpott,

Thank you for your work on behalf of Canadians.

I am very concerned about some of the issues inherent in Bill C-14. In particular, I am concerned that the bill does not include any explicit protection for health care professionals who do not want to participate in assisted suicide or euthanasia, either directly or indirectly, for example, through an "effective referral."

As you are no doubt aware, the Ontario College of Physicians and Surgeons has an "effective referral" policy. This means that in the absence of a criminal prohibition on compulsion to participate in "MAID," physicians in Ontario will be compelled to violate their consciences or punished if they object. It leaves the door open for other provinces to follow suit, if they have not already.

I am also concerned that the safeguards are not strict enough to protect Canadians.

I am forwarding to you my submission I sent today to the Standing Committee on Justice and Human Rights, which explains my concerns in more detail. In it, I also propose an option for how Parliament can make the law as protective as possible for Canadians, while still allowing assisted suicide/euthanasia in exceptional circumstances.

I encourage the Government to take this protective approach. It involves the use of strict safeguards AND use of the *Charter*'s "notwithstanding" clause if necessary. It is a reasonable compromise and one that Parliament is constitutionally allowed to do.

I realize you may feel, for political reasons, you do not want to make use of the "notwithstanding" clause even in the context I am proposing, But it is an option open to you, as legislators. The ultimate decision is up to Parliament, not the courts. You have a choice. I urge you to make that choice wisely--for Canadians now, and for future generations to come.

Thank you for considering my comments.

Respectfully,

Original Message -----

From:

To: just <just@parl.gc.ca>

Date: May 2, 2016 at 4:54 PM

Subject: Submission re: Bill C-14 ("medical assistance in dying")

To: The Standing Committee on Justice and Human Rights

Attached, please find my submission, as a member of the public and concerned Canadian citizen, regarding Bill C-14.

Thank you for this opportunity to give input to the Committee.

Sincerely,	•

s.19(1)

Submission to the Standing Committee on Justice and Human Rights

Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)

May 2, 2016

Dear Members of the Committee,

Thank you for the opportunity to make this submission.

It is inherently dangerous to legalize assisted suicide and euthanasia (AS/E) – what Bill C-14 refers to as "medical assistance in dying" ("MAID"). Given that the Government has decided to go down this path, Bill C-14 must be drafted in such a way as to protect, as far as possible, all Canadians from abuse of the law and from pressure to be killed or to kill.

As such, I believe C-14 needs to contain the following provisions:

- 1. A requirement that palliative care/ pain management/ appropriate counselling be made available to any and all persons requesting AS/E ("MAID") before they would qualify for AS/E. In other words, if such alternatives are not accessible to that person, then "MAID" should not be allowed.
- 2. A prior judicial review to ensure that all the requirements of the law are met.
- 3. Only allowed for competent adults who clearly give contemporaneous consent, are terminally ill, and have a physical medical condition that causes intolerable physical suffering that cannot be relieved any other way. "MAID" should be used very rarely and only as a last resort. Those who are suffering psychologically/mentally need to be offered counselling and other support services in order to alleviate that type of suffering; they should not be killed or receive help to kill themselves.
- 4. No one should be compelled to participate in any way with AS/E ("MAID") against their conscience. This means they should not have to make any referral, directly or indirectly, and should not be disqualified from entering the health care professions because of their conscientious objection to "MAID." Criminal law falls within federal jurisdiction and so Bill-14 needs provisions to make it a criminal offence to compel/coerce/intimidate anyone to participate in AS/E ("MAID") or to discriminate against them in any way (for example, not admitting them to medical school) for their conscientious beliefs. Parliament does not have to legalize "MAID"—it could invoke the *Charter's* "notwithstanding clause" but the Government is choosing not to. If Parliament refused to legalize AS/E, physicians' and other health care workers' consciences would not be in danger of being violated. So in choosing to legalize it, Parliament now has a duty to use the criminal law to protect the consciences and rights of those who are morally opposed to being involved in killing; otherwise provincial Colleges (like the

College of Physicians and Surgeons of Ontario) will require "effective referrals" and punish conscientious objectors.

5. I understand that some of the above recommendations may not be compliant with the *Carter* decision. If so, then Bill C-14 should also include (i.e. in addition to the above provisions) a provision invoking the *Charter's* "notwithstanding" clause.

The approach described above – invoking the "notwithstanding" clause *and* legalizing AS/E for the "hard cases" only, with strict safeguards – would ensure that Bill C-14 is as protective as possible while being constitutional. There would then be no need for anyone to launch a *Charter* challenge against the law because it would be, by definition, constitutional.

This approach is a reasonable compromise. It legalizes AS/E for the "hard cases" only (the ones that probably most Canadians are thinking of when they say they support AS/E), but it does so in a way that prevents the law and the practice from becoming more permissive (and hence, more dangerous) over time, which would happen if *Charter* challenges are launched and the restrictions are struck down by the courts in future.

Such a law would send a strong message that this is as far as Canada will go – that Parliament is allowing an exemption to criminal prosecution for the "hard cases" only; that Parliament does not view this sort of extreme measure as a "right" that anyone should be able to access; that it should be used rarely; and that it is not a form of medical/health care. It is a way to protect Canadians, as far as possible, and to allow the medical profession to stay focused on healing and caring.

Respectfully submitted,

ę

s.19(1)

116-013244

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-02 9:09 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject: Attachments: letter regarding Bill C-14 Letter Bill C-14 MJ.pdf

May 1, 2016

Dear Minister Wilson-Raybould:

Kodifica form)

Thank you for your work and efforts on Bill C-14 regarding assisted suicide and euthanasia. I recognize the difficulty in trying to ensure every Canadian's rights are respected and that this was not an easy task. I have worked as a family physician in rural Canada and in international disaster responses, and I am currently working as a palliative care physician. I am writing with some concerns regarding Bill C-14.

First, I must say that I am deeply grieved that our country has undergone such a major shift in moving forward with the legislation of decriminalizing assisted suicide and euthanasia. I am very concerned that this will result in a failure to protect the vulnerable in our society and that the inherent value of every human life will not be upheld.

I realize in light of the current situation it would be difficult for Parliament to enact a new law - a complete prohibition on assisted suicide/euthanasia, but it is not entirely impossible and perhaps could be considered. However, if legislation is to proceed, I respectfully ask Parliament to consider the following amendments of Bill C-14 to include:

- 1. The right to universal access to high quality, fully-integrated, comprehensive palliative care:
- a. The Universal Declaration of Human Rights states, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family..." which would include palliative care.
- b. Internationally, there is a call for palliative care to be recognized as a right.
- c. This would include but is not limited to funding for education of primary care physicians, other health care professionals, and the general public; research; increased number of interdisciplinary health care professionals in various settings; more palliative care specialists and teams, and other resources.
- 2. Protection of conscience rights of all physicians (including other health care professionals) that balances patients' access to hastened death:
- a. No other jurisdiction where some form of assisted suicide/euthanasia is legal has a mandatory referral system. It is important that there is a federal/national standard that does not requiring an "effective referral," despite possible disagreement by some provincial colleges.
- b. The ability to access assisted suicide/euthanasia should be a community responsibility rather than that of individual physicians. One consideration is a separate, parallel system in which information, counseling, and referrals could be accessed directly by patients, families, health care professionals, and institutions. The focus should be on a duty to inform, rather than a duty to refer and a team duty, rather than an individual duty.
- c. Institutions and facilities should not be required to participate in or provide assisted suicide/euthanasia. Not every facility in the country (particularly rural areas) is able to provide every medical service (e.g. surgical, obstetrical, neurological, etc.).
- d. The Canadian Charter of Rights and Freedoms (Section 2) applies to everyone in Canada (those who wish to avail themselves of hastened death and those who do not, as well as those who agree to participate in hastened death and those who do not).
- 3. In section 241.2(1): "only if they meet all of the following criteria.." Add "...which is documented." Similarly or alternatively, in section 241.2(3)(a): Replace "be of the opinion that the person meets all the criteria..." with "have documented evidence that the person meets all the criteria..."
- a. Documentation is vital to ensuring national/federal standards are being met in each province and territory and for potential review.

N.P. <u>OIL</u> :009693

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-02 10:38 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada

FW: Help fix the government's flawed assisted dying bill

----Original Message----

From

Sent: May 2, 2016 10:22 AM

s.19(1)

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Members.

Please do not dismiss this as a flippant "button push"email. This bill is important and deserves more analysis and modification. Too many people die horribly. They must be helped.

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.
Yours sincerely,
s.19(1)
This email was sent via do^gooder, a campaign platform that enables people to contact you regarding issues they care about. The FROM field of this email is campaigns@good.do however the email was sent by who provided this email address:
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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@pari.gc.ca>

Sent:

2016-May-02 10:51 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Help fix the government's flawed assisted dying bill

----Original Message----

s.19(1)

From:

Sent: April 30, 2016 10:36 AM To: Wilson-Raybould, Jody - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Jody Wilson-Raybould MP,

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.

Yours sincerely,		
	s.19(1)	
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140013

s.19(1)

Ministerial Correspondence Unit - Justice Canada

K16-010359

From:

Sent:

2016-May-03 2:54 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: I support conscience rights & the protection of the vulnerable.

Attachments:

image001.jpg

1 FORM LTR)

The Honourable Jody Wilson-Raybould, P.C., M.P. Minister of Justice and Attorney General of Canada

Dear Minister Wilson-Raybould:

I am writing on behalf of Geoff Regan, M.P. in regards to feedback received from constituent has concerns regarding B C-14. Her correspondence is below.

Mr. Regan wanted to bring this to your attention.

Yours truly,

Kevin Harrison

Constituency Assistant | Office of the Honourable Geoff Regan P.C., M.P | Member of Parliament for Halifax West House of Commons | Parliament of Canada | 902-426-2217 | • 902-426-8339 facsimile | www.geoffregan.ca 1496 Bedford Highway | Suite 222 | Bedford, NS B4A 1E5

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From:

Sent: May 3, 2016 1:13 PM To: Regan, Geoff - M.P.

Subject: I support conscience rights & the protection of the vulnerable.

To My Member of Parliament;

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass

legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

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Department of Finance Canada

Ministère des Finances Canada

Ottawa, Canada K1A 0G5

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2016FIN436391

MAY 03 2016

s.19(1)

Dear Mr. Giddings:

Thank you for your correspondence addressed to the Minister of Finance, the Honourable Bill Morneau.

The matters you raise fall more directly within the jurisdictions of the Minister of Justice and Attorney General of Canada, the Honourable Jody Wilson-Raybould, and the Minister of Health, the Honourable Jane Philpott. Therefore, we have forwarded copies of your correspondence to their offices.

Thank you for writing.

Sincerely,

N. Gauthier

Chief

Departmental Correspondence Unit

c. The Office of the Honourable Jody Wilson-Raybould, P.C., M.P. The Office of the Honourable Jane Philpott, P.C., M.P.

436391

s.19(1)

Hon. Bill Morneau The House of Commons Parliament Buildings Ottawa, ON K1A 0A6

Re: Euthanasia and Assisted Suicide

On February 6th, 2015, the Supreme Court of Canada redefined medical ethics by striking down Canada's Criminal Code prohibition of assisted suicide. This decision causes grave concern authorities could interpret the subjective language of the Court decision to allow euthanasia, with few or no constraints. This is precisely how the Parliamentary Committee viewed the Supreme Court decision, in their recommendations of February 25th.

From the perspective of and from any <u>rational</u> perspective, the intentional, willful act of killing oneself or another human being is clearly morally wrong! How can a just society permit the state-sanctioned taking of lives by our physicians? Is this the "Just Society" that Pierre Trudeau proposed in 1968? When a life is vulnerable and can be taken at will, the dignity of all lives is eroded and all human life in our society is jeopardized.

Advocates for assisted suicide/euthanasia raise the issue of managing severe, chronic pain, proposing terminating the patient's life as the best "medical treatment." While many people fear physical pain, proper pain medication and treatment in the final phase of terminal illness is meant to ease the patient's great pain, not to hasten their death.

Right to life is not a matter for Christians only; it is a human right for all peoples. To formally cooperate in the killing of the disabled, frail, sick, or suffering, even if motivated by a misplaced compassion, requires a prior judgement that such lives do not have value and are not worth living. All human life has value and the law should protect all life! No one forfeits the right to life because of illness or disability.

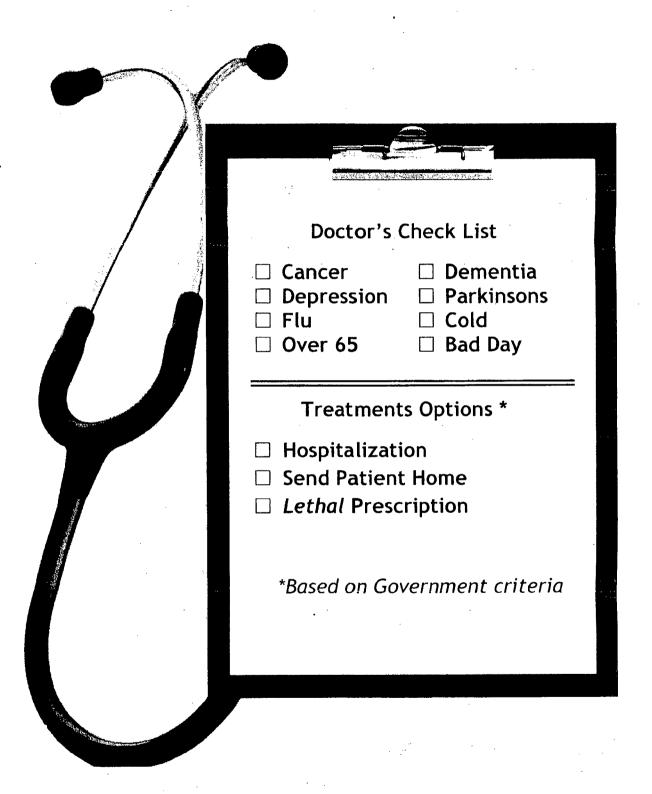
The Parliamentary Committee's report raises serious concerns about acceptable candidates that assisted suicide ought to be available to – subject to some safeguards – to patients under 18, have a mental illness or suffer from a non-fatal disease. This is not just for adults with a terminal condition as some jurisdictions specify. The report suggests Canadians diagnosed with dementia be able to opt for "aided-dying" in advance.

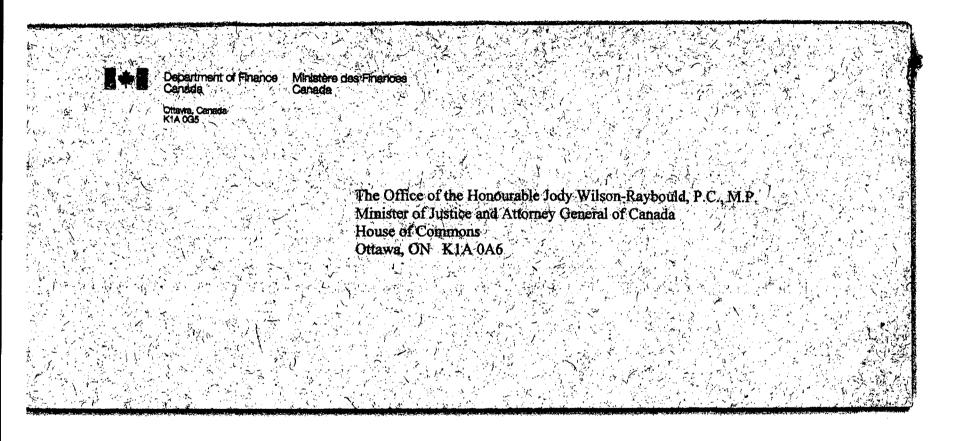
The future law will allow a physician to administer, after consultation with another physician, a lethal injection to a patient who requests it, providing the patient suffers unbearable pain and is affected by an incurable disease for which all treatments have failed. This is actually the condition of the patients in palliative-care units, whose pain is controlled by morphine. Palliative Care is *the* compassionate, caring approach to help the dying.

What of the future of assisted suicide/euthanasia? In the Netherlands, the system has degraded to an extent where doctors approve candidates they have barely met. Will Canada's culture degrade to hasten a loved one's death out of convenience for the family or medical costs to governments? What will the death certificate state as the "cause of death"? Will insurance death benefits be nullified? Will Catholic hospitals be forced to provide the service? Will physicians be required to provide the service or to refer in lieu?

Is this our legacy to future generations? A just, moral society that truly cares for their citizens should decide "no" in a free vote in parliament, and not decided by only 39.5% of Canadians' vote.

I await a response and your comments on the position of the government proposal.





DIG 000991

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 9:12 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Help fix the government's flawed assisted dying bill

s.19(1)

----Original Message----

From:

Sent: May 2, 2016 7:28 PM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Members,

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.

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Yours sincerely,		•	
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s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 9:15 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Concerns from a physician about Bill C14

From:

Sent: May 2, 2016 11:14 PM

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Cc: mcu@justice.gc.ca; MacKenzie, Dave - M.P. Subject: Concerns from a physician about Bill C14

Dear Ministers Wilson-Raybould and Philpott,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in "medical assistance in dying" because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. There are alternative ways to ensure that patients have access to this procedure and to ensure the conscience rights of all are respected and supported.

The CPSO has passed a policy which requires doctors to make referral for "medical assistance in dying" if they will not do it themselves.

There is a huge need for palliative care in Canada yet I might be prevented from providing that care because of my position on "medical assistance in dying". I take issue with this terminology because we are really speaking about physician assisted death/suicide/euthanasia. "Medical assistance in dying" blurs the distinction between what palliative care doctors do in caring for patients at the end of life as opposed to those who will hasten their death by this procedure. Word smithing does not change the fact that this procedure causes someone to die intentionally.

I am concerned for vulnerable patients who will be coerced into choosing "medical aid in dying" because they are made to feel that they are a burden by those would benefit from their death. I am concerned for those with disabilities who may not receive the support they need to live optimally

because it is more expensive to provide for optimization of their quality of life rather than to hasten their death. My understanding is that this bill does not go far enough to protect these people.

Recently, I had a patient who would ask to be killed when she was in pain but when her pain was controlled, she was planning for what she would do when she left the hospital. This person might easily be encouraged to choose "medical assistance in dying", however, her cry for death should rather be interpreted as a lament in regards to her pain than a request to end her life. I'm concerned that some physicians or nurse practitioners won't take the time to tell the difference between a cry for pain relief rather than a cry for death.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.	•	,	
Sincerely,			s.19(1

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MCURLL - MCUED8

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 1:03 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Please fix the highly restricted and cruel assisted dying bill!!!

c/w DILe-007692 due 2016-05-02

s.19(1)

----Original Message----

From:

Sent: May 3, 2016 11:55 AM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P.

Subject: Please fix the highly restricted and cruel assisted dying bill!!!

Dear Members,

As a strong supporter of the Federal Liberal Party and a voter who travelled over 100 miles to vote for you on Oct 19th, I'm really upset over the appalling restrictiveness of this bill in its current state. Please, please listen to the Canadian people...the vast MAJORITY of which, want to have choice in this matter, for themselves and for the people they love. In its present form, this bill is incredibly cruel.

If the bill is passed as is, it will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'informa

Now is the time to make sure the laws we pass give unendurable suffering. Thank you for your consider	_	choice in the face of
		s.19(1)
This email was sent via do^gooder, a campaign plat about. The FROM field of this email is campaigns@g provided this email address:		·
In accordance with web protocol FC 3834 (http://w the REPLY-TO field and you should respond to	ww.rfc-base.org/rfc-3834.html) we ha	ave included this address in

To learn more about do^gooder visit www.good.do

R 16 - 013991 M(v E D 3 140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 10:59 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 and Conscience Protections

From:

Sent: May 3, 2016 10:46 AM

s.19(1)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 and Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14.

In view of their concerns, I am asking you to protect the medical professionals and facilities through terms of the legislation. As many people are opposed to legalization or concerned regarding abuses, please take steps to protect health care professionals who feel strongly they cannot in good conscience take the life of a patient either through doing the procedure themselves or by referral.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because Quebec (my province) almost certainly will not and there is no guarantee that other provinces will pass legislation on this topic either. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to force dedicated and skilled physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience. Nor is it wise to force the closure of facilities that are unwilling provide medical assistance in dying. The professionals who are unwilling to assist patient suicide are some of the best of their field and are often trusted by patients like myself specifically because they act according to conscience. If these physicians are forced to leave the practice of medicine because of short-sighted policies, it will be a great loss to the field of medicine and to Canada's quality of health care. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a zealous provincial government such as Quebec's.

Please consider my concerns as these deliberations are conducted. I request that the amendments to this legislation respect and protect the vulnerable as well as the conscience rights of Canadian physicians, health care providers and objecting facilities.

Thank you for your attention to my concerns, and for your work as Minister and representative. It is much appreciated.

Page 944 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

Released under the Access to Information Act / Divulgé(s) en vertu de la Loi sur l'accès à l'information R 6 - 613953

MILLE OI

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-03 2:01 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

Life not death for all of us

Please note that I am urging all of the members of our governing officials to refrain from making the law of crime, that would be a law of a new way of life, that is called exterminations of the vulnerable, name by Euthanasia, assisted suicide, assisted death! It is an ideology that was born in an evil minds. Evil has strength specially when it comes to money. It is created by greed.

Let us not purchase the governments deficit through the exterminations of the ones who have worked all life to make this country big and forsake them in their times of need. Oh, Canada, where are you going? Why are you going this way?

PS: I feel that I have been let down by the Charter of Rights.

Sincerely,

s.19(1) ·

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Virus-free. www.avast.com

<u>MCNED2</u> 019-013844

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>

140013

Sent: To:

2016-May-03 10:43 AM Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: May 3, 2016 7:42:30 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

form + content

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

As strongly as I feel that doctors and healthcare providers should not be forced to participate in actions that go against their conscience, I strongly feel that this debate needs to broaden its scope and advocate for the sick and mentally challenged. The government is only looking at one side of the debate, where they should be focusing on better palliative care, early diagnosis of mental disabilities, research and regulations in the pharmaceuticle industry and adequate funding to help all those who are suffering from diseases and disabilities.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From: Sent:

Wilson-Raybould, Jody - M.P. < Jody, Wilson-Raybould@parl.gc.ca>

2016-May-03 10:46 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 3, 2016 7:45:34 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I form toontent

It is shocking and barbaric to me that some Canadians want to kill their loved ones at the end of natural life, instead of offing high quality palliative care. Killing is not care.

I am very concerned about the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization of doctor assisted suicide. It is immoral that people should be forced to participate against their conscience and deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their conscience and moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

More federal funding should be available for compassionate and effective palliative care.

Thank you.



RIG 01 2841

Naneol

form + content

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 11:07 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From

Sent: May 3, 2016 8:04:35 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

As a resident physician in family medicine, I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If physicians like me are forced to leave the practice of medicine because of short-sighted policies, then patients will be unable to find the kind of doctor that I hope to be. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

000948

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 12:13 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 3, 2016 9:12:38 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

In a true democracy, you are elected to represent all the people within your care, not just the ones who share your point of view. I sincerely hope that your own conscience will guide you so you can protect the conscience of all Canadians.

Thank you for your time, your consideration and what you will do to protect all Canadians who are vulnerable and those who spend their lives caring for them.

Sincerely,

A concerned Canadian.

N-p. RIG-012811 MOVED3

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 12:16 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: May 3, 2016 9:15:46 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for all health care workers and facilities in the legislation. Many people are opposed to legalization, just as I am. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure. This protection should include all levels of personnel called upon to act in the course of the procedure, and not only the deciding physician.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not acceptable that we as a country should make dedicated physicians and healthcare workers put their careers on the line and open themselves to professional disciplinary action, simply because they wish to follow their conscience. Nor is it acceptable to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

N-P. RIG-012771 MOLÉDE

Ministerial Correspondence Unit - Justice Canada

From: Sent: Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

2016-May-03 10:24 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 3, 2016 7:23:00 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

s.19(1)

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to this legislation. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Bill C-14 denies rights to those opposed to the legislation and as such is discriminatory and as a consequence potentially infringes the Charter of Rights.

I ask that you seriously consider the contents of this letter in making your decision.

Yours truly,

A16-012769 MURLL MULEDS

Ministerial Correspondence Unit - Justice Canada

From: Sent:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

2016-May-03 10:24 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Bill C-14 Needs Conscience Protections

CIW RIL. 009994

s.19(1)

From:

Sent: May 3, 2016 7:23:21 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

In this great country of ours, we are strong because each individual is lawfully respected, for their rights and beliefs.

I am still strongly opposed to assisted suicide. This type of action, regardless of the fact it may cost taxpayers less, to "kill" someone, upon their request, as opposed to continue to support them, in their strife, is so sad, regardless of the countless stories, you hear otherwise. People, need not die, until their time. I do not believe any sad story, will prove otherwise. Life is a blessed gift, and all those in favour of this legislation, do not recognize this. It is a sad time for Canada's people.

Our rights and beliefs are protected in Canada, right?

Therefore, no one, especially a medical care practitioner, who does not wish to be involved, in any way, in assisted suicide, NEED NOT, be asked to partake in the slightest.

This request is disrespectful to them in their professional work, as they are in the practice of SUSTAINING and PROTECTING life, until their clients' natural demise.

Let Canada remain strong, in all that makes us powerful.

Respecting the beauty and sanctity of life, while honouring the rights of the medical community as they truly create wonders in their medical careers, improving the lives of all whom, they treat in their medical practices, is absolutely fundamentally necessary at all levels.

Let Canada be very respectful to life and to the medical community, whose professional request is not to be involved in this unnatural demise of Canadian taxpayers, who request this sad service.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

MCMEDS KIR-019102 46

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 2:11 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: May 3, 2016 11:07:29 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

worked for many years to alleviate suffering and improve the quality of life for my patients. I consider it a high privilege to be at the bedside of many a dying person, offering comfort and hope to the end. A death bed is "Holy Ground". With excellent practise and the advanced medicine and palliative care we can offer hope and reduce suffering in a way that virtually eliminates requests for assisted suicide.

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians, nurses, and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

4-6 : KIP-0131PJ MONEDI

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody.Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-03 4:33 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 3, 2016 1:32:31 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

s.19(1)

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

I fully support quality palliative care including adequate pain suppression. This is crucial to alleviate many fears about difficult deaths and leaves dignity intact as well.

If bill C-14 is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Hank	you.

Thomas rion

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-04 1:11 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Help fix the government's flawed assisted dying bill

(FORM LHG)

----Original Message----

From:

s.19(1)

Sent: May 4, 2016 12:28 PM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Members,

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.

s.	1	9(1	١	

Yours sincerely,	+ .	
· · ·		
This email was sent via do^gooder, a campaig about. The FROM field of this email is campaig this email address:	-	 egarding issues they care who provide
In accordance with web protocol FC 3834 (htt the REPLY-TO field and you should respond to		included this address in

N-P: RIG-612951 MUEDS

Ministerial Correspondence Unit - Justice Canada

From: Sent: Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

2016-May-04 3:15 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Bill C-14 Needs Conscience Protections

Symmany report

From

Sent: May 4, 2016 12:14:45 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

s.19(1)

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14.

I would like to begin by saying that I generally do not support the making of legislation aimed at legalizing euthanasia or assisted suicide as I believe that life is sacred and must be protected from conception to natural death. The state should instead put its priorities towards the funding and support of effective palliative care to assist those in great suffering.

Notwithstanding my convictions, with respect to the provisions of Bill C-14, there should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

The other potential problem I see is with respect to the protection of persons interested in donating their healthy organs upon death. In my opinion, safeguards should be included to prevent the precipitation of a quicker death of any terminally ill or injured person to obtain their healthy organs for transplant.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

the Honorable Sody Wilson Ray MINISTRE DE LA JUSTICE
Minister of Justice 2016 MAY 17 A 8: 03
House of Commons
Ottawa, Ontario KIA OA6

May 5, 2016

Dear Minister Joby Welson - Ray bould

I am writing on the Report of the Grecial Scient Committee of Physician bosisted Drying making reference to Recommendations #13, "that physikrans, nursepratitioners, and registered nurses working under the direction of a physician provide medical assistance in dying.

Euthanasia (assisted Seircide goes against the nature of the

healing professional.

To be a professional is to be invalued in a maral undertaking.

The Charter of Rights and freedoms which says they cannot be discriminated against and that their freedom of conscience much be protected. It is not necessary that the majority Canadians accept or agree with their position, this Country is based on tolarances of minarity perspectives and divers viewpoints?

the question is, will health were workers beable to work in the medical field according to their concience?? Or, will they be legislated to assisting in sureide? I appreciate your raply.

Sincerely

s.19(1)

The Honorable Jody: Wilson Ray bould minister of Justice House of Commons Ottama, Ontario KIA OA6

RIG-012304 MCUED1 -140013

CC.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-06 11:56 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: oubli doc.

Attachments:

Clause nonobstant.doc

Lophinhed

From: Dion, Stéphane - M.P. Sent: May 6, 2016 11:48 AM

To:

Subject: TR: oubli doc.

Bonjour I

Au nom de l'honorable Stéphane Dion, nous accusons réception de votre correspondance concernant le projet de loi C-14.

Prière de noter que nous avons transmis votre requête à l'honorable Jane Philpott, Ministre de la Santé, et à l'honorable Jody Wilson-Raybould, Ministre de la Justice, qui seront en meilleure position pour vous répondre.

Merci de votre considération.

Cordialement,

Brian Karmazin

Adjoint spécial / Special Assistant

Bureau de l'hon. Stéphane Dion, C.P., M.P. | Office of the Hon. Stéphane Dion, P.C., M.P.

Député de Saint-Laurent | M.P. for Saint-Laurent

Téléphone | Telephone 613-996-5789

Télécopieur | Facsimile 613-996-6562

aas

De:

Envoyé: 27 avril 2016 11:45 À: Dion, Stéphane - M.P.

Objet: oubli doc.

Excusez-moi

Envoyé: 27 avril 2016 11:44 À: Dion, Stéphane - M.P.

Objet: euthanasie et clause non-obstant

bonjour

Je voudrais vous faire part de mon opinion sur le projet de loi sur l'euthanasie merci de considérer

s.19(1)

1

Dans la discussion en cours à Ottawa sur les soins de fin de vie, j'entends et je lis que le droit à l'aide au suicide ou à l'euthanasie est un droit fondamental, et que si la Chambre des Communes mettait des restrictions, comme d'être en fin de vie (ainsi que la loi québécoise le stipule), cela serait une limite inacceptable à ce droit fondamental et contraire au jugement de la Cour suprême. Cela ouvrirait la porte à des contestations judiciaires. D'où la demande d'élargir la loi. Cela soulève plusieurs questions.

1) S'agit-il d'un droit, et d'un droit fondamental? On peut parler d'une liberté: la liberté de chacun de faire ce qu'il veut de sa vie, y compris de se l'enlever. Mais est-ce un droit? On soulève là un grand débat moral et philosophique. De toute manière aucun droit n'est absolu. La Charte canadienne des droits et libertés l'énonce clairement: tout droit peut être restreint "par une règle de droit, dans des limites qui soient raisonnables [...] dans le cadre d'une société libre et démocratique" (art.1). La Charte québécoise va dans le même sens (art. 9.1). Conformément à une saine philosophie du droit, il faut donc analyser sous cet angle le projet de loi: se demander qu'elles en sont les conséquences pour la société, notamment s'interroger sur les dangers d'abus, les risques de dérive, l'effet sur les mentalités (ce qu'on appelle l'effet éducatif des lois). J'insiste sur ce dernier point. Quelle sera l'influence de la loi sur les gens fragiles qui ont des idées suicidaires, et plus largement, sur l'éducation à la valeur de la vie et au respect de la vie.

C'est pourquoi, dans le cas présent, à mon avis, le Parlement est tout à fait justifié de proposer une loi un peu restrictive, quitte à revenir dans quelques années sur le sujet.

2) De qui relève la décision? La Cour ou le Parlement? Or nous sommes ici, on ne peut plus clairement, dans la juridiction du Parlement. Dans l'ensemble de la vie civique, notamment dans les conflits entre individus et dans l'évaluation de la responsabilité criminelle, les juges jouent un rôle indispensable. Il n'est pas question de minimiser leur rôle et leur compétence. Mais cela n'est pas nécessairement vrai pour les grandes questions d'intérêt général, pour des sujets hautement délicats qui appellent une solution de sagesse politique plutôt que théorique (par exemple, connaissance précise du milieu, reconnaissance des droits collectifs, protection de la paix sociale, conséquences pour la société).

Le jugement de la Cour suprême au sujet de la loi sur la possession de marijuana pour usage personnel (2003), va exactement dans ce sens. La majorité des juges a statué que cette loi (contenant certaines limites à la liberté individuelle) ne violait pas la Charte canadienne des droits et libertés et qu'elle relevait de la compétence du gouvernement. «Les députés sont élus pour prendre de telles décisions et ils ont accès à un plus large éventail de données, à un plus grand nombre de points de vue et à des moyens d'enquête plus souples que les tribunaux». Ils peuvent notamment, généralement, être plus aptes à trouver des compromis sociaux et politiques plus adéquats que le respect théorique d'un principe.

3) C'est pourquoi, dans le présent cas, pour éviter le désordre d'une contestation de la loi et d'une période d'insécurité, il y a lieu de recourir à la clause nonobstant ou au pouvoir de déroger (art. 33). Cette disposition fait partie de l'équilibre des pouvoirs dans une saine démocratie et assure la suprématie du Parlement sur la Cour quand il y a lieu. Jean Chrétien, qui avait pressé P.-É. Trudeau d'accepter l'article 33 en 1982, en a défendu la légitimité, sinon la nécessité pendant toute sa carrière. Lors de la course au leadership en 1989, il a critiqué la politique de son parti en déclarant qu'«il y a des situations où elle (la disposition) est absolument nécessaire».

Dans une entrevue au *Devoir*, en 2002, la juge Claire L'Heureux-Dubé a déclaré que les législateurs pouvaient toujours contourner la Cour suprême en utilisant le «pouvoir de déroger» s'ils étaient en désaccord avec une décision de la dite Cour: aux parlementaires de faire d'abord leur travail. Et la juge de continuer en déplorant que parfois ce sont les politiciens qui ne prennent pas leurs responsabilités en renvoyant les dossiers chauds à la Cour. Le juge Antonio Lamer avait tenu le même discours dans une conférence en 1982: «Mais il est détestable que le pouvoir politique se déleste de son fardeau sur le dos du pouvoir judiciaire».

s.19(1)

Divulgé(s) en vertu de la Loi sur l'accès à l'information MCUED 2-140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-06 11:52 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: re Bill C 14

From: Dion, Stéphane - M.P. Sent: May 6, 2016 10:21 AM

Subject: RE: re Bill C 14

s.19(1)

Greetings

On behalf of the Honourable Stéphane Dion, thank you for your correspondence concerning Bill C-14, the Medical Assistance in Dying legislation.

As the issue you raise falls under the joint responsibility of Health and Justice, we have taken the liberty of forwarding a copy of your correspondence to the Honourable Jane Philpott (Minister of Health) and the Honourable Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada) for their consideration.

Thank you for reaching out to us on such an important issue.

Best regards,

Brian Karmazin

Adjoint spécial / Special Assistant

Bureau de l'hon. Stéphane Dion, C.P., M.P. | Office of the Hon. Stéphane Dion, P.C., M.P.

Député de Saint-Laurent | M.P. for Saint-Laurent

Téléphone | Telephone 613-996-5789

Télécopieur | Facsimile 613-996-6562

Envoyé: 23 avril 2016 15:38 À: Dion, Stéphane - M.P. Objet: re Bill C 14

Dear Minister,

As a concerned Canadian citizen I'm asking you today to help fix Bill C-14, the flawed proposed legislation for assisted dying.

--- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" when death will occur?

fully mentally competent and quite capable of deciding my own future. I conaider this restriction violates my right under Section 7 of the Charter.

 The clause denying advance requests is also unacceptable. was still fluently lucid and could sustain an intelligent conversation spare his family. 	was diagnosed with Alzheimers. Hence, to the disease advanced, to		
This was denied so now the memories of his children and granded diapered, unknowing shell that he became.	children of a warm, caring, funny man are overlaid by the dribbling,		
Please do not allow this Bill to pass before it is amended to honor the spirit of the Supreme Court's ruling.			
s.	.19(1)		

Released under the Access to Information Act /

R16-012277 MCUED 5-140013

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody, Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-06 1:13 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Help fix the government's flawed assisted dying bill

From: Dion, Stéphane - M.P. **Sent:** May 6, 2016 12:14 PM

To:

Subject: RE: Help fix the government's flawed assisted dying bill

Greetings

On behalf of the Honourable Stéphane Dion, thank you for your correspondence concerning Bill C-14, the Medical Assistance in Dying legislation.

As the issue you raise falls under the joint responsibility of Health and Justice, we have taken the liberty of forwarding a copy of your correspondence to the Honourable Jane Philpott (Minister of Health) and the Honourable Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada) for their consideration.

Thank you for reaching out to us on such an important issue.

Best regards,

Brian Karmazin

Adjoint spécial / Special Assistant
Bureau de l'hon. Stéphane Dion, C.P., M.P. | Office of the Hon. Stéphane Dion, P.C., M.P.
Député de Saint-Laurent | M.P. for Saint-Laurent
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Télécopieur | Facsimile 613-996-6562

686

s.19(1)

----Message d'origine----

De:

Envoyé : 5 mai 2016 08:48

À:

Objet: Help fix the government's flawed assisted dying bill

As a concerned Canadian, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.
- -The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other

degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give desperately ill Canadians meaningful choice in the face of unendurable suffering. Thank you for your consideration.

Kind regards,

s.19(1)

RIG-OIRUB MOOIZ SIM COP H & PC AH

Attention: The Honorable Member of Parliament
Madame Jody Wilson-Raybould

Dear Honorable Madame Wilson-Raybould:

I am writing to request that you vote <u>no</u> to the proposed Euthanasia Bill C-14 on assisted suicide when it comes up in parliament for a final vote.

In fact, I would prefer that all MP's like yourself would propose a new piece of legislation that would make euthanasia and assisted suicide illegal in Canada. I do not believe that the government of Canada should be in the killing business.

We, as a government, should be investing in saving lives and establishing the best palliative care program that relieves those who are suffering with terminal disease and illness.

And I definitely do not agree that my tax dollars should be spent to support euthanasia or assisted suicide. This proposed bill goes totally against my conscience and moral beliefs. I believe all life is valuable and it is not our right to end another's life.

As a nurse working in the medical field, I also do not agree that medical personal who are opposed to this assisted suicide bill should be forced to participate in the implementing of this procedure. It goes against our freedoms as outlined in the Canadian Charter of Rights and Freedoms. We have the right to say no.

I am totally opposed to assisted suicide and euthanasia in Canada. I can see that the passing of this bill is an open door to abuse like what is happening in Belgium and in the Netherlands. Elderly people are being killed whether they give their consent or not, as well as physically/mentally handicapped children. It is a shame when elderly people are afraid to go to their Dr's for medical care because they fear they may be deemed unfit to live. I do not want to see that happen here in Canada.

Thank you for listening to my concerns and again I implore you to vote no to this bill.

Sincerely	
	s.19(1)
	•

The Honorable Mentless of Forliament speakent Joseph Wilson - Raybould House of Commons Ontario

HIA OAG

RIG 010461 MCMEDE 140CB

South Surrey-White Rock Federal Liberal Association

SENT BY EMAIL

May 7, 2016

The Honourable Jody Wilson-Raybould Minister of Justice House of Commons Ottawa, Ontario K1A 0A6 The Honourable Jane Philpott Minister of Health House of Commons Ottawa, Ontario K1A 0A6

Dear Ministers:

Re: Proposed Amendments to Bill C-14 (Medical Assistance in Dying)

We are writing to recommend two changes to Bill C-14 that may receive broad support: an additional safeguard to ensure a patient is specifically advised of available palliative options, and a judicial process in circumstances where a gap may exist between provisions of Bill C-14 and those of the SCC Carter decision.

Our Riding Association has been following these issues very closely over the last few months and held a public forum in early March to consider the Joint Special Committee Report and a membership workshop in early May to discuss Bill C-14. We have been encouraging a debate of the issues and want to contribute to the Canadian public's discussion on how to balance the competing interests of protecting and valuing life and recognizing the autonomy of individuals.

We are aware of significant controversy over the specific contents of Bill C-14 – having watched much of the evidence given at the meeting of the Justice Committee and after following media reports. We have noted similar concerns about the provisions of Bill C-14 here in our own Riding. In the workshop held on May 4, 2016 the attendees identified the following top five concerns about the Bill:

- 1. advance directives for individuals who suffer from illnesses leading to loss of competence e.g. dementia should be recognized in the Bill.
- 2. medical assistance in dying should be available to individuals who are not terminally ill it should not be necessary for an individual to have been advised that their death is reasonably foreseeable (particularly as the meaning of that phrase is not clear).
- 3. medical professionals should be required to advise individuals on available palliative care options before a request for medical assistance in dying can be considered.
- 4. the Bill requires an individual to be in a state of irreversible decline before medical assistance in dying can be provided but it is not clear whether that includes both physical and mental conditions.
- concerns were expressed about self-administration taking place without medical professionals being present and without protection for vulnerable individuals who may not be protected from undue pressure by third parties.

As a result we ask you and your officials to consider two possible amendments to Bill C-14 which we believe would help to ameliorate or deflect some of the criticisms of the Bill but would also support the intention of the Government of Canada to give additional time to grapple with the remaining identified complex issues.

The first proposal is to ensure that palliative care – where available – is presented to the patient as one of the options to medically assisted death. This additional procedural safeguard will help to ensure that patients will have the option to consider accessing available palliative care over or in addition to medically assisted death. The existence of this requirement may also help to place additional pressure on the provinces and territories to ensure that palliative care services are available to all Canadians and may provide additional incentive to including funding for palliative care strategies in any agreements between the Government of Canada and the provinces and territories. No effort has been made to define palliative care for these purposes as it is a well understood medical concept but definitions are readily available and should include palliative sedation.

The second proposal is to provide a judicial process for access to medical assistance in dying to address circumstances where an applicant cannot satisfy all of the requirements set out in Bill C-14 but where the applicant considers they would otherwise satisfy the requirements of the SCC Carter decision. This process would continue the ability of applicants to request judicial assistance as is the case at the moment. While the preference is for patient centered decision making to be undertaken as part of the relationship between medical professionals and patients, access to a court order may provide additional comfort to those not meeting the very specific requirements of the legislation. Continued access to a court order — essentially a judicial safety valve - may also reduce the need for and likelihood of an immediate Charter challenge of the proposed legislation as it would provide the means for an applicant to argue that they have the right to medically assisted death despite not being able to meet the requirements of Bill C-14. It would also provide the means to overcome what a patient might see as an arbitrary decision made by medical professionals to deny a person access to medical assisted death.

The proposed section would require the courts to consider but not to be bound by all of the requirements of Bill C-14. Decisions from this process will-contribute to the public discourse on the issues and help to identify any weaknesses in the legislation. The suggested amendment also provides the opportunity for the courts to consider the implications of advance directives. The intention is to provide this process over a limited time period to support the desire of the Government of Canada to continue to consult the public on the complex issues arising out of medically assisted death. Data from the judicial process could also be reviewed and analyzed and taken into account during the mandatory five year review of Bill C-14.

Finally, providing an application of this type in the Criminal Code may soften the current demand for significant changes to be made to the policy articulated in Bill C-14 during the abbreviated time period during which the legislation is to be enacted.

The specific language of these proposals is attached to this letter and we hope that there is still an opportunity to have our observations and suggestions considered.

Yours truly,



Attachment to Letter to Ministers Wilson-Raybould and Philpott May 7, 2016 The first proposal is to add the following paragraph to subsection 241.2(3):

(d.1) ensure that the person has been informed of and offered any available palliative care services; .

The second proposal is to add the following section:

Court order authorizing medical assistance in dying

- X (1) In this section, medical assistance in dying, medical practitioner, nurse practitioner and pharmacist have the same meanings as in section 241.1.
- (2) A superior court may, on application made by or on behalf of a person, grant an order authorizing a medical practitioner, nurse practitioner and pharmacist to provide medical assistance in dying to the applicant where the applicant has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the applicant in the circumstances of the applicant's condition.
- (3) On an application under this section, the court
 - (a) shall take into consideration but is not bound by
 - (i) the eligibility requirements for medical assistance in dying set out in subsection 241.2(1)
 - (ii) the definition of a grievous and irremediable medical condition set out in subsection 241.2(2), or
 - (iii) the procedural safeguards set out in subsection 241.2(3), and
 - (b) may take into consideration an advance directive for medical assistance in dying signed by the applicant.
- (4) On an application under this section, the court may make any order respecting the matters described in subsections (2) and (3) as the court considers appropriate and necessary to respect the applicant's right to access medically assisted death as articulated by the Supreme Court of Canada in Carter v. Canada including any procedural safeguards the court considers necessary to protect the interests of the applicant in accessing these services.
- (5) This section is not in effect five years after it is brought into force.

[Consequential Amendments: Section 227(1), (2), (4) and 241(2), (3) and (4) are all to be amended consequentially to add the following at the end of the respective provisions: "...or in accordance with an order made under section X". The intention is to extend the exemptions granted under C-14 to people acting under a court order made under the new section. There will also be a need for consequential amendments to provide exemptions for a person who assists the applicant to self-administer a substance which causes death and has been prescribed by a medical practitioner or nurse practitioner under the court order. The administrative requirements for documentation could also apply to authorized medical assistance.]

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-09 12:25 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Proposed Amendments to Bill C-14 (Medical Assistance in Dying)

Attachments:

Itr.ministers.MAID.pdf

From:

Sent: May 9, 2016 12:14 PM To: Wilson-Raybould, Jody - M.P.

s.19(1)

Cc: Bill Brooks; Terry Peel; Bonita Thompson; Gary Mullins

Subject: Proposed Amendments to Bill C-!4 (Medical Assistance in Dying)

Dear Minister,

The South Surrey-White Rock FLA has spent considerable time following this very sensitive issue. We have held two community forums in an effort to both inform and elicit feedback. It should be noted that the first forum was led by John Aldag, MP on the Report of the Special Joint Committee on Physician Assisted Dying. The second forum was led by our Policy Chair Bonita J. Thompson, Q.C., a former Legislative Counsel for the Province of British Columbia, and by our association's Policy Vice-Chair Gary Mullins, a former BC Deputy Minister of Advanced Education, Training and Technology.

has suggested and drafted two proposed amendments to Bill C-14. The draft of the proposed amendments and a covering letter providing the rationale for them, from our riding's President, Bill Brooks, is attached for your advisement.

We thank you for your consideration of our efforts.



The Honourable Jody Wilson-Raybould Minister of Justice and Attorney General of Canada 284 Wellington Street Ottawa, ON K1A 0H8

Dear Minister:

I am writing to you to express my concerns regarding Bill C-14 which will legalize euthanasia and assisted suicide. The bill has no protection of conscience provision for healthcare workers and healthcare institutions. I ask the government to legislate protection of conscience rights for individuals and health care facilities who are opposed to euthanasia. This right is guaranteed by the Canadian Charter of Rights and Freedoms. No other country with legal euthanasia forces healthcare workers or institutions to act against their conscience, their mission and values.

This issue is too important to be left to the provinces and territories. The College of Physicians and Surgeons of Ontario has drafted provisional legislation that would force physicians who have conscience objections to euthanasia to provide referral. It is unjust to acknowledge conscience right but require the objector to ensure that the act will take place. If the Government of Canada wants to implement this legislation consistently across the country, then legislative protection of conscience rights at the federal level is vital for such consistency.

My other concern is the lack of palliative care for most Canadians. In my community, there is only 1 option for those nearing end of life: The ER and admission to the hospital. Dying at home is not an option nor is hospice care. There are no hospices in the District of Cochrane. If admitted to hospital through the ER, the patient will be treated by the attending ER physicians, not the family physician. Depending on the attending physician's palliative experience, pain medication and sedation may or may not keep the patient physically comfortable as natural death takes place. A nursing home or manor resident may also end up in the hospital, even if the resident's directive states otherwise, as neither of these facilities have adequate palliative care. They often transfer residents to the hospital when they are dying, which happened with my late mother. I believe most Canadians want to die a natural death at home or in a hospice, but very few have that choice available.

Given this scenario, I understand why euthanasia/assisted suicide is so attractive to many. But that does not make it right. It is still murder and a perversion of the healthcare system. The fact that it is perceived as necessary points to a dire deficiency in our health system. I encourage the Government of Canada to implement a national palliative care strategy as a humane alternative to euthanasia. Canadians need hospices that are accessible and affordable to all who are at end of life in their illness. Canadians need more doctors and nurses trained in palliative care to provide effective pain control, sedation and supportive, compassionate care at end of life. Canadians need a better support network for those suffering from chronic illnesses and for their families, with resources widely available in or close to their communities.

More than ever, alternatives to assisted suicide must be accessible to every Canadian. Otherwise, Canada will be a society where life has no intrinsic value but is valued only in terms of dollars. Our healthcare system will be a system that finds it is more convenient and much cheaper to kill the terminally ill and dying rather than to care for them compassionately and allow natural death to occur.

Yours sincerely,	- 40/4
	s.19(1)

s.19(1)

The Honourable Jody Wilson-Raybould Minister of Justice and Attorney General of Canada 284 Wellington Street Ottawa, ON K1A 0H8

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-11 4:44 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

From:

Sent: May 11, 2016 1:42:45 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

As the government committee studies the proposed legislation -Bill C14, I want to encourage you to include specific directions that will assure all Canadians that their conscience rights will be respected. No health care worker nor individual citizen must be forced by law to abandon their rights to conscience protection.

Surely you see how outrageous it would be if Canada were to become the only country in the world that does not provide legal protections for people who, for moral convictions, choose to not participate in medical assistance in dying.

Other countries that have already implemented similar legislation learned in short order, that the protections they thought would be adequate, turned out to be totally inadequate in protecting our most vulnerable citizens.

I humbly request that you ensure that this proposed legislation clearly spells out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

Please listen to, and respond appropriately to the concerns that the majority of Canadians, including physicians, and other health care providers are expressing at this time.

With thanks and appreciation for considering the above,

s.19(1)

May 12, 2016

Ms. Jody Wilson-Raybould, Minister of Justice and Attorney General House of Commons Ottawa, Ont. K1A 0A6

Dear Madam:

Subject: Supreme Court Ruling - Physician Assisted Suicide

We are still waiting for feedback from you/your office to our comments and questions in our letter dated February 1, 2016 (copy attached). Please respond to both that letter and this one. Please note that our address has changed.

Regardless of patient request or consent, it does not change the reality that assisted suicide/voluntary euthanasia will result in the deliberate killing of a human being. Doctors and other health care professionals/workers are supposed to be healers or assist in healing and/or palliative care, etc., not be killers. How long will it be before our society loses all respect for human life? You have a duty to provide protection for all human lives, especially the vulnerable.

Again, we urge you to invoke the "notwithstanding clause" to overrule the Supreme Court decision and bring in legislation to protect the vulnerable and all human life from euthanasia and assisted suicide.

Please keep in mind the preamble of the Canadian Charter of Rights and Freedoms, namely "Whereas Canada is founded upon principles that recognize the supremacy of God...". What then about God's commandment ...thou shalt not kill...?

Yours truly,

RECEIVED/REQU

4

February 01, 2016

Ms. Jody Wilson-Raybould, Minister of Justice and Attorney General House of Commons Ottawa, Ont. K1A 0A6

Dear Madam:

Subject: Supreme Court Ruling - Physician Assisted Suicide

As we understand it, the decision by the Supreme Court of Canada would legalize assisted suicide and voluntary euthanasia. We urge you to stand up for vulnerable Canadians and oppose the Supreme Court ruling. As we view it, assisted suicide and voluntary euthanasia would threaten the vulnerable (e.g. the disabled, elderly, chronically ill, depressed, etc.). What is to prevent abuse and bullying, (e.g. to obtain inheritance or monetary benefits earlier) or the imposition of guilt (e.g. being a burden on family or society) on the foregoing vulnerable and thus result in the shortening of lives prematurely?

What is next ---- involuntary euthanasia? The slippery slope has occurred in Europe and termination of life without request or consent (i.e. involuntary euthanasia) has occurred. For example, 32% of assisted deaths in Belgium were done without request or consent according to one study. In Canada, the Charter of Rights and Freedoms (Section 7) indicates everyone has the right to life and security and the right not to be deprived thereof, except in accordance with the principles of fundamental justice. What is to prevent the infirm, the disabled or the elderly, etc., from having euthanasia performed against their will or from being coerced into assisted suicide or voluntary euthanasia, once Canada starts/goes down the slippery slope? If this judgment becomes law, why should we trust any doctor with our lives? Also, in view of Section 7 of the Charter, where does it state in the charter that assisting in suicide or taking the lives of patients by doctors is acceptable or that prohibiting killing of patients by doctors violates Section 7?

Instead of assisted suicide and euthanasia, what is needed is good health care/palliative care. Doctors should kill the pain, not the patient. Killing the patient is not true healthcare.

Our understanding is that the people elect <u>representatives</u> to parliament to write the laws, not <u>unelected</u> judges to legislate from the bench. If appointed judges have the final say as to what should be law, then why bother having representatives in parliament? Making federal laws should be the sole prerogative of the parliament of Canada (our elected representatives) and unelected judges should only interpret and apply the laws as written by parliament.

We are asking you to invoke Section 33 of the Canadian Charter of Rights and Freedoms, i.e. the "notwithstanding clause" to overrule the Supreme Court decision in order to protect every Canadian equally and we ask you not to violate the ethic of protecting all human life. If the notwithstanding clause is not invoked, why should we trust you in the future to look after our interests or the interests of vulnerable Canadians? Also, please bring in a new law that will protect all Canadians from euthanasia and assisted suicide.

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-12 10:04 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14 Needs Conscience Protections

s.19(1)

From

Sent: May 12, 2016 7:04:22 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

Firstly, the whole concept of Euthanasia/assisted suicide is WRONG. I am writing you today to specifically express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

s.19(1)





LIVING WITH DIGNITY

XRef RIG-009188 May 13, 2016

JMMHU

OBJECT: RE: BILL C-14

AN JU-2 P 1:50

TECENTED/TEGU

Hon. Jody Wilson-Raybould,

You will soon be invited to vote on Bill C-14 (medical assistance in dying), as will all Members of Parliament and Senators. Your decision will have a decisive impact on the most vulnerable citizens of Canada as it will open the door — more or less — to euthanasia and assisted suicide. A very serious responsibility, indeed.

The citizen network Living with Dignity (Vivre dans la Dignité) and the Physicians' Alliance against Euthanasia (Collectif des médecins contre l'euthanasie) want to share their perspective with you regarding this preoccupying societal evolution. Please find attached three documents that summarize our views:

- > Living with Dignity's recommendations to the House of Commons Standing Committee on Justice and Human Rights;
- ➤ The *Physicians' Alliance against Euthanasia* brief to the Standing Committee on Justice and Human Rights;
- ➤ The personal brief of Dr. Catherine Ferrier, a physician working in geriatrics for 30 years, to the Standing Committee on Justice and Human Rights.

In the hope that you will work at amending Bill C-14 to limit the threats that weigh on the most vulnerable, and to protect the freedom of conscience of physicians and all health care workers and healthcare institutions in order to create safe environments for patients, we thank you in advance for taking the time to consider the points that we wish to raise to enrich your reflection.

Sincerely,

s.19(1)

Living with Dignity

Physicians' Alliance against Euthanasia

Physicians' Alliance against Euthanasia

1650 avenue Cedar, bureau D17-113, Montréal, QC H3G 1A4 – collectifmedecins.org – 438-938-9410 Living with Dignity

C.P. 48654, Outremont, QC H2V 4T9 – vivredignite.org – 438-931-1233

Recommandations de *Vivre dans la Dignité* au Comité permanent de la justice et des droits de la personne

Considérations préalables et sous-jacentes au texte de loi

Bien que *Vivre dans la Dignité* soit totalement opposé à l'euthanasie et au suicide assisté, nous sommes conscients de l'imminence d'une loi canadienne en la matière, et bien que nous n'approuvions aucunement ce choix, nous souhaitons tout de même apporter notre contribution pour offrir aux législateurs des modifications concrètes au projet de loi C-14.

CONSIDÉRANT le postulat de départ du projet de loi C-14, dans lequel le gouvernement fédéral propose un texte qui « modifie le *Code criminel* afin notamment :

a) de créer des exemptions à l'égard des infractions d'homicide coupable, d'aide au suicide et d'administration d'une substance délétère, dans le but de permettre aux médecins et aux infirmiers praticiens de fournir l'aide médicale à mourir et aux pharmaciens ainsi qu'à d'autres personnes de leur porter assistance à cette occasion » [Sommaire, C-14, caractères gras ajoutés];

CONSIDÉRANT que, dans la décision Carter c. Canada (Procureur général), 2015 CSC 5, la Cour Suprême du Canada (CSC) a indiqué que le législateur « est mieux placé que les tribunaux pour créer des régimes de réglementation complexes » [Carter, par. 125];

CONSIDÉRANT les libertés fondamentales inscrites dans la *Charte canadienne des droits et libertés*, et notamment que « Chacun a les libertés fondamentales suivantes : a) liberté de conscience et de religion; b) liberté de pensée, de croyance, d'opinion et d'expression [...]» (*Charte*, art. 2);

CONSIDÉRANT que le gouvernement rappelle « qu'il importe d'affirmer la valeur inhérente et l'égalité de chaque vie humaine et d'éviter d'encourager les perceptions négatives au sujet de la qualité de vie des personnes âgées, malades ou handicapées ; » (Préambule, C-14);

CONSIDÉRANT que la finalité de la loi fédérale doit être avant tout de protéger toute la population et non seulement les personnes vulnérables contre des personnes mal intentionnées ou négligentes, et que les exceptions criminelles permises ne doivent pas diminuer la volonté et la responsabilité du gouvernement d'assurer la prévention du suicide et de l'homicide coupable ;

NOUS DEMANDONS au gouvernement fédéral de concevoir une loi qui conserve le caractère exceptionnel en ce qui concerne la décriminalisation de l'euthanasie et du suicide assisté <u>afin</u> que le texte de loi demeure cohérent avec la notion d'exemption criminelle qui se doit d'être restreinte.

Suggestions de modifications au texte du projet de loi C-14

 Ajouter dans la Loi que l'aide médicale à mourir (euthanasie et suicide assisté) ne constitue pas un droit constitutionnel mais uniquement une exemption au Code criminel et, de ce fait, préciser qu'il ne s'agit pas d'un service ou d'un soin de santé et que, par conséquent, cette exemption ne peut être soumise aux normes d'accessibilité telles que prévues en matière de santé;

- Ajouter dans la Loi une garantie expresse du respect de la liberté de conscience, de religion, de pensée, de croyance, d'opinion et d'expression tels que prévus dans l'article 2 de la Charte canadienne des droits et libertés par une disposition qui permette l'objection de conscience à tout le personnel médical et paramédical ainsi qu'à toutes les institutions légalement reconnues, sans aucune obligation de participer à l'aide médicale à mourir de quelque manière que ce soit ni de référer un patient à une autre personne ou institution aux fins d'obtenir l'aide médicale à mourir et ce, sans crainte de représailles ou autres conséquences négatives en cas de non-participation;
- Ajouter dans la Loi que toute demande d'aide médicale à mourir (euthanasie et suicide assisté) soit adressée à la Cour supérieure de chaque province ou territoire (y compris le Québec) pour solliciter une ordonnance, tel que prévu au par. 6 de l'ordonnance rendue par la CSC le 15 janvier 2016¹⁰⁹⁶ et ce, même après la fin de la période de suspension de la prise d'effet du jugement déclaratoire de la CSC dans Carter, une protection reconnue efficace par la CSC elle-même qui affirme que « Exiger l'obtention d'une autorisation judiciaire durant cette période intérimaire assure le respect de la primauté du droit et offre une protection efficace contre les risques que pourraient courir les personnes vulnérables »¹⁰⁹⁷.
- Retirer du dernier alinéa du texte du Préambule de la Loi toute mention d'élargissement d'admissibilité ultérieure, notamment pour les mineurs et les personnes souffrant de maladie mentale et de toute demande anticipée puisque la Loi doit se prononcer uniquement sur les dispositions qu'elle rend effectives;
- Garantir la transparence des données concernant les cas de suicides médicalement provoqués (euthanasie ou suicide assisté) notamment par :
 - o la mise sur pied d'un organisme indépendant de surveillance et de vérification de l'application de la Loi et des données acheminées par les provinces au ministère de la justice du Canada;
 - o la publication annuelle accessible à toute la population des statistiques officielles concernant l'aide médicale à mourir au Canada (nombre de cas, raisons évoquées, profil des personnes décédées, etc.);
 - o l'obligation, le cas échéant, d'indiquer « Euthanasie » ou « Suicide assisté » comme cause de mort sur les certificats de décès;

 Retirer les exemptions prévues aux paragraphes 227 (3) et 241 (6) pour prévenir les erreurs et les abus.

28 avril 2016

s.19(1)

^{1096 2016} CSC 4 et https://scc-csc.lexum.com/scc-csc/scc-csc/fr/item/15696/index.do 1097 Ibid

Brief submitted to the Standing Committee on Justice



April 29, 2016

The **Physicians' Alliance against Euthanasia** is a group of doctors who see any law allowing physicians to intentionally end the life of their patients as contrary to the goals of medicine and the good of our patients, especially the most vulnerable and those who cannot speak for themselves. Founded in Quebec in 2012, the Alliance now includes over 750 Canadian physicians, each of whom has signed our **Declaration**¹⁰⁹⁸, and is supported by more than 14,000 citizens.

We are of course aware that Bill C-14 will legalize "medical assistance in dying" in some form, as is already the case in Quebec. While remaining completely opposed to these acts, we offer our suggestions for amendments to the Bill in an attempt to protect patients, health care environments and the integrity of our profession.

We note that Bill C-14 proposes euthanasia and assisted suicide as exemptions, within certain parameters, from the *Criminal Code* provisions that forbid them, and **not as medical acts or health care**, as the Quebec law purports to do. The Government of Quebec took the extreme measure of redefining medicine to include homicide. No government or court has the authority to redefine a profession as ancient and universal as medicine. Even in jurisdictions where euthanasia or assisted suicide is permitted, they are considered exemptions to the law, not health care. **The international medical community maintains to this day its opposition to these practices**. 1099

Neither can death-provoking acts be considered Charter rights. The Supreme Court of Canada concluded that the Criminal Code prohibitions infringed certain existing rights, for certain individuals and circumstances, but in no way did it create a new Charter right. Such an exemption does not require the State, the health care system or any doctor to end any person's life.

Since the vast majority of desires for death are caused by mental illness, suicide prevention through treatment of such illness, and treatment of the self-harm inflicted by suicidal persons, are part of the daily practice of many doctors. Mental illness can and often does coexist with the medical conditions considered to justify euthanasia or assisted suicide in the *Carter* decision and in Bill C-14. This calls us to exercise extreme caution.

¹⁰⁹⁸ http://collectifmedecins.org/en/declaration/

¹⁰⁹⁹ "Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical... http://www.wma.net/en/30publications/10policies/e13b/

Desires for death not related to mental illness can also be addressed by health and social service professionals. They may be caused by feelings of hopelessness, loneliness, fear, grief, shame; lack of access to supports; insufficient palliative care; poverty and unemployment; violence and abuse.¹¹⁰⁰

Since euthanasia and assisted suicide are neither health care nor Charter rights, and are often the product of circumstances that can be alleviated with proper intervention, **we fail to understand the concerns about access to death** that are being expressed in the public debate surrounding the *Carter* decision and the impending law.

Elderly and chronically and terminally ill Canadians do not need access to death. They need access to care: medical treatment, home care and residential care. Try coming to the ER and being seen before you're exhausted and dehydrated. Try getting a family doctor. Long-term care is hopelessly backed up. Couldn't we focus on truly developing a national palliative care program? On expanding home care? On supporting families to care for sick and aging relatives? On innovative residential care?

To accept death as a solution to suffering is an **admission of defeat** before the difficult task of caring for all Canadians. In a recent letter to the Canadian Family Physician¹¹⁰¹, a doctor living with amyotrophic lateral sclerosis explains that he can choose life because he has the financial resources necessary and a loving family. He promotes the option of physician-assisted suicide for those who are not so lucky. Is this the choice we want for Canadians: life for the rich and well-surrounded, death for the poor and isolated?

To facilitate access to death, while remaining unable to provide the care our citizens need, is irresponsible to say the least and is unworthy of a progressive and prosperous country such as ours. We appreciate the Government's commitment to developing non-legislative measures that would support the improvement of a full range of options for end-of-life care (Preamble). This would have to be implemented at a truly high speed if we want the choice of life to be as available as death will soon be.

If you wish to show a true commitment to life for Canadians, this bill must contain protections for patients who are at risk of constraint to choose death for any of the reasons we have discussed. Limit access to "medical assistance in dying" to people with an illness, not a disability or other condition. Limit it to those who are in the last stages of a terminal illness. Remove the protections for those who only **thought** the patient was eligible for death; these protect doctors and endanger patients. Require prior authorization by a Court; otherwise none of the supposed safeguards will have any value, as patients can and will doctor-shop until they find two willing physicians.

¹¹⁰⁰ http://www.vps-npv.ca/readthestandard

¹¹⁰¹ http://www.cfp.ca/content/62/2/115.full?sid=8bb229d0-50fd-4859-b4ac-17b6af5cce5c

While some Canadian doctors and health care institutions are willing to cause patients' death, most are not¹¹⁰², not out of selfish concerns, as some have suggested, but out of concern for our patients. **There is no justification for imposing any duty to implement this political decision**, which is foreign to our profession, **on medicine as a whole or on any individual practitioner or institution**. Attempts to do so are already being seen, both in Quebec¹¹⁰³ and in Ontario¹¹⁰⁴.

Quebec was a pioneer in bringing palliative care to North America. Since euthanasia was legalized here four months ago, one excellent physician has compared her daily life to "living in a war zone". Another retired early, the day the law came into effect. Highly skilled doctors and nurses, who have given years and decades to the care of dying patients, are suffering burn-out, taking sick leave and being driven from the field by confrontations over a supposed "right" to be killed. 1105 By threats of losing funding if they insist on caring for people rather than killing them. 1106 Patients are refusing treatment for their symptoms because of their fear of receiving "the injection" without having asked for it. 1107

In summary, our recommendations to render Bill C-14 safer for patients, for health care environments (safe spaces for patients) and for the integrity of our profession, are:

- 1. Maintain the characterization of euthanasia and assisted suicide as exemptions from the Criminal Code and not as health care;
- 2. Maintain the prohibition of euthanasia or assisted suicide for minors, for those suffering from psychiatric illness and by advance directive (Preamble); limit it to those with an illness, not a disability, ref. s. 241.2(2)(a);
- 3. Replace the term "reasonably foreseeable" death, ref. s. 241.2(2)(d), with "imminent death":
- 4. Remove the "good faith" provisions in sections 227 (3) and 241 (6);
- 5. Require that the patient receive a careful exploration of the causes of his or her suffering as well as of any inducements to choose death that may arise from non-medical conditions and circumstances¹¹⁰⁸, and that measures be taken to address these sources of suffering before accepting a request for death;
- 6. Require prior authorization from a Superior Court judge, who, after having received the evidence (cf. no. 5), can conclude whether the patient meets the criteria to receive "assisted dying";

¹¹⁰² http://www.physiciansforlife.org/many-canadian-doctors-will-not-provide-assisted-dying-assisted-suicide/
1103 An Act Respecting End of Life Care, s. 31:

http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/S 32 0001/S32 0001 _A.html

¹¹⁰⁴ College of Physicians and Surgeons of Ontario: http://www.cpso.on.ca/policies-publications/policy/professional-obligations-and-human-rights

¹¹⁰⁵ http://collectifmedecins.org/en/assisted-death-in-5-minutes/

http://www.ledevoir.com/non-classe/449169/aide-medicale-a-mourir-me-menard-appelle-barrette-a-briser-la-resistance-des-maisons-de-soins-palliatifs

http://www.cpac.ca/fr/programs/a-la-une/episodes/47423720/

¹¹⁰⁸ http://www.vps-npv.ca/readthestandard

7. Include in the law a prohibition against requiring any health professional to cause the death of a patient or to refer to another person to obtain their death, even through a third party, and against requiring any health care institution to euthanize patients under their care or to assist in their suicide.

Physicians' Alliance against Euthanasia

Catherine Ferrier MD, president Nicholas Newman MD, vice-president

http://collectifmedecins.org/ president@collectifmedecins.org tel. 438-938-9410

Brief submitted to the Standing Committee on Justice and Human Rights Catherine Ferrier MD

April 27, 2016

I am a physician with over 30 years' experience diagnosing, treating and caring for frail older people, often suffering from Alzheimer's disease and other dementias. In addition to seeing patients in the clinic I often visit their homes as the geriatric consultant to a home care service. My professional "niche" includes capacity assessment, as well as assessment and intervention for patients and families in crisis because of cognitive, psychiatric and social problems. I regularly see abused and neglected elderly patients. I often testify in court for abused patients or for those whose families are fighting over powers of attorney and inheritance issues.

Lacking space to address all my concerns related to Bill C-14, I will focus on those most pertinent to the people I care for.

I see little or no protection for patients such as mine in Bill C-14. Virtually all of them have a grievous and irremediable medical condition (241.2(1)(c)). Given their age, natural death is reasonably foreseeable (241.2 (2) (d)). The voluntariness of a request for death from someone in their position is non-verifiable, certainly for the average doctor and even for those with experience such as mine, unless an extensive assessment of their family and social supports and circumstances is done, which the Bill does not require.

Elder abuse is rampant and is exceedingly difficult to identify and control. In this context the loose criteria in the Bill and the exemption from criminal liability for people, including non-health professionals, who claim to have mistakenly believed that the person met the criteria set out in the law (art. 227(3)), is very dangerous.

My other major concern is related to the notion of advance requests for euthanasia or assisted suicide. They are not permitted according to the text of the law, but the preamble refers to exploring "other situations... in which a person may seek access to medical assistance in dying, namely situations giving rise to... advance requests..." That this would even be considered is alarming, in ways that are not apparent to the healthy people, afraid of future dementia, who lobby for it.

Dutch academic Boris Brummans wrote in his 2007 article *Death by Document*¹¹⁰⁹ of his father's euthanasia death through an advance directive. He had cancer, not dementia, but the issues are the same.

¹¹⁰⁹ Brummans, Boris H. J. M. Death by Document: Tracing the Agency of a Text. *Qualitative Inquiry* 2007 13: 711 (http://qix.sagepub.com/content/13/5/711)

I used to be in favor of euthanasia... As so often, actual experience altered my point of view in such a way that I now no longer know where I'm standing. Although the euthanasia was meant to liberate my dad from the conventional constraints of suicide, its textual, declarative form turned him into a prisoner of himself (and us into his cellmates). By signing the euthanasia declaration... my father created a persona of, and *for*, himself that transcended space and time, based on the person he *thought* he would be. On what were these thoughts based? Hollow images of a self not yet lived; meager ideas about a life not yet fleshed out. Similarly, we signed the declaration... ready to act on his behalf... In retrospect, it seems that our writing projected our past selves into the future in ways that deprived us, especially my dad, from the very liberty we thought to have signed for.

The mantra is "choice": I choose to die rather than live with the "indignity" of dementia, of dependence, of becoming a burden. Brummans questions whether one can truly choose for one's future self. As I also question, having seen my patients through the many stages of their disease.

A diagnosis of dementia – or of cancer, other neurologic diseases or sudden disability due to an accident – is a major life crisis. Those of us who have been through even lesser crises know that our judgment is not at its best when flooded with overwhelming emotions, fears and questions. Most would be sensible enough to defer life-changing decisions until we are calm enough to think clearly. But for the person diagnosed with dementia the clock is ticking and the advance directive must be signed before decision-making capacity is lost.

Troubling? I think so.

Imagine that the person has reached the stage at which the advance directive authorizes death. Imagine that he is no longer aware of his cognitive deficits and is living happily with his family or in a residential setting. Imagine that he has a loving family; he enjoys the time together as do they. Who will give the euthanasia order? How will they explain it to their father? He doesn't want to die. Will that directive take precedence over his current wishes and those of everyone around him? Perhaps he wrote it in order to relieve them of the burden of caring for him; instead they will carry the burden of guilt for the rest of their days if they follow it. Troubling indeed. If the situation is less happy, and behaviour problems, incontinence or wandering make care burdensome, imagine the guilt at having ordered that euthanasia. Capital punishment for wetting the bed.

Imagine, now, a family that is less loving, one that is fighting over the inheritance while mother is still alive: over how much of it is spent paying for nursing care. Now who will give the euthanasia order? And in whose interest? Ever more troubling.

Imagine that there is no family and the administration of the nursing home is under orders from the Ministry to find space for patients to be transferred from the hospital...

Only a few weeks ago there was a story in the Montreal Gazette¹¹¹⁰ about a patient of mine who lost her freedom and life's savings after a protection mandate, later found to be forged, stripped away her rights without anyone speaking to her or questioning the validity of the mandate. Elder abuse is rampant. The system is overburdened. If we allow death to be authorized by a written document we're giving abusers another, more definitive, tool. A dead person cannot tell tales.

In summary, from my perspective after decades spent caring for the frailest of our frail elders, those who built our society and merit our care, I recommend, for their safety:

- 1. Restrict access to euthanasia or assisted suicide to people for whom death is imminent;
- 2. Require prior authorization by a Court for each request for euthanasia or assisted suicide, after a complete assessment has been made of the person's circumstances and any factors leading to a desire for death and that can be addressed in other ways;
- 3. Remove from the preamble the reference to euthanasia by advanced directive. Do not go this way.

Division of Geriatric Medicine, McGill University Health Centre 1650 Cedar Avenue, room D17-113, Montreal QC H3G 1A4

s.19(1)

¹¹¹⁰ http://montrealgazette.com/news/veronika-piela

C.P. 48654 Outremont, QC H2V 4T9



1650 avenue Cedar
Bureau D17-113
Montréal, QC
DES MÉDECINS
CONTRE
CONTRE
L'EUTHANASIE

The Han. Jody Wilson-Raybould House of Commons Ottoma, Ontario KIA CAG Hon. Jody Wilson-Roybould House of Commons 2116

Dear Hon. Jody:

It is an honour to write to you as our Minister of Justice. I have read your bio and am impressed with and grateful for your many contributions. I write to you out of a deep concern for our nation's move toward assisted suicide. Recently, we heard a specialist in internal medicine speak passionately against it. She has been in Belgium and has seen the darkness and pain there. It is tragic to hear that in Holland, there are 300 illegal killings a year. Older people are afraid to go to hospital. Suicide has increased 35% in the last 6 years. The hope was that euthanasia would decrease suicide. Some from there are speaking out and warning Canada not to go in this direction. It is a slippery slope!

s.19(1)

Our Charter of Rights and Freedoms recognizes the supremacy of God, Who has high standards for us. One is the command not to murder. There is to be freedom of conscience and religion and the right to life. Surely we are to do everything to sustain and protect life. Our medical people must not have their freedom of conscience removed. How tragic this would be. Have they not made an oath to sustain life. I am hearing from our 1st Nations people, a deep concern about assisted suicide. They have been asking for help to sustain life, not to bring death, as they deal with teen suicide.

A few groups came to the campus but I was also on three reserves including
These students were wonderful and I made many dear friends. Thus my heart is heavy for
the present situation. So I express my heartfelt plea to our government to do everything to sustain life
with dignity until God alone brings death. Otherwise we are under His judgment. We pray that our
government will have wisdom in maintaining righteousness in our wonderful land, that it may remain
glorious and free!

Yours most sincerely,

1605050814 /// JACANAD 3764 R3H

Hon. Jody Wilson-Raybould Minister of Justice House of Commons Ottawa, ON KIA OAG

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-13 1:05 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: =1=: Bill C-14 Needs Conscience Protections

s.19(1)

From

Sent: May 13, 2016 10:04:23 AM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** =1=: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I wrote this letter today to express my concerns with the legislation your government proposed on Thursday ³. April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to this type of legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will! Legislation must clearly state & provide the protections found in the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion, discrimination or losing their jobs! It's VERY WRONG to make dedicated physicians and healthcare workers put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying. If these physicians are forced to leave the practice of medicine because of short-sighted policies, there will be a shortage of physicians! Many patients will be without a good doctor/caregiver! I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close & patients desperately need them to remain open!

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed, PLEASE respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-13 9:07 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

From:

Sent: May 13, 2016 7:37 AM
To: Wilson-Raybould, Jody - M.P.

s.19(1)

Subject: Bill C-14

Dear Ms. Wilson-Rayboud,

When I voted Liberal in the last election one thing I was looking for was a government with a more respectful attitude toward the Supreme Court and the Charter. The Harper Conservatives, to put it mildly, were no friends of either. They reacted to adverse Court decisions, on matters such as drugs and prostitution, with policies that were at best grudgingly compliant and at worst openly defiant. Now I am disappointed to find the Liberal government I supported behaving in exactly the same way with respect to medical assistance in dying.

The restrictions that Bill C-14 imposes on the Court's rubric of a "grievous and irremediable medical condition" are inconsistent with the Court's decision and almost certainly noncompliant with the Charter. The exclusion of mature minors and of advance requests also invites Charter challenges which (despite your government's claims) I believe would be very likely to succeed. The most frustrating aspect of these restrictions is that they are so needless: they do nothing to protect the vulnerable and merely ensure that many patients who would otherwise qualify under the Carter criteria will suffer unnecessarily.

I would have expected this kind of reluctant, foot-dragging response from your predecessors but not from you. I hold a Liberal government to a higher standard. It is not too late for you to do the right thing. The appropriate amendments to the bill have been proposed. With your support we could have the kind of regulatory framework for MAID that will ensure that no Canadians will endure needless end-of-life suffering.

Please step up and show me that my confidence in a Liberal government was not misplaced.

Yours sincerely,

Dear Minister Hilson Raybould. as I watch the "March for Life" in Ottowa today this May 12, 2016, it mudged me to act and not be complacent on this critical issue of life. I am concerned about the protection of vulnerable people in society as well as conscience rights for Conadian physicians who refuse to participate in assisted suicide/eutherasia. It has a am opposed to any form of assisted suicide, I recognize the government muest prepare Agislation on this issue following a recent Supreme Court decision. I am concerned that the recommendations of the Commons- Senate Committee on Physician askisted Death do not adequately protect doctors conscience rights a referral, even to a third party, is a form of participation. I am also troubled by the recommendation that facilitates should not be allowed to opt-out of providing physician assisted death in their facilities. It is deeply distressing that Conada would allow access to assisted suicide for minors, those suffering from depression and other mental heath other vulnerable people.

Thy are we not providing greater support these people, and access to palliative care for all Carachais?

I believe the Canadian Charles of Rights and Freedon protects Canadian citizens from being forced by

the state to act against their moral or religious convictions. There are certainly alternative ways to respect the patients request without compelling dedicated physicians to face professionally disciplinary action simply because they wish to follow their conscience or forcing the closure of facilities that cannot provide doctor-assisted death.

This legislation could result in doctors being forced out of projective and the closure of some available institutions a reality that will affect many more Canadians in need of health care:

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Sincerely,

s.19(1)

MINISTER OF JUSTICE
2016 MAY 18 P 2: 01

Minister of Justice
The Honourable Gody- Italian Raybould,
Minister of Justice and attorney General of Canada

284 Hellengton St.

Ottawa

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N-P. 61/259 MOLLED)

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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

140013

Sent:

2016-May-16 11:12 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Say 'Yes' to Carter and 'No' to Bill C-14

----Original Message----

s.19(1)

From:

Sent: May 16, 2016 11:00 AM

To: Murray, Joyce - M.P.; Wilson-Raybould, Jody - M.P.

Cc: Trudeau, Justin - Député; mcu@justice.gc.ca Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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To learn more about do^gooder visit www.good.do

N-P. DIG- 311254 MCUEOS

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-16 11:13 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Say 'Yes' to Carter and 'No' to Bill C-14

(Form)

----Original Message----

From:

s.19(1)

Sent: May 16, 2016 11:06 AM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P. Cc: Trudeau, Justin - Député; mcu@justice.gc.ca Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

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Ministerial Corres	spondence Unit - Justice Canada	MCURL HOLLED3
From:	2016 Nam 46 44 FO AM	140013
Sent: To: Cc: Subject:	2016-May-16 11:50 AM Jody Wilson-Raybould Justin.trudeau@parl.gc.ca; Ministerial Corresp Say 'Yes' to Carter and 'No' to Bill C-14	oondence Unit - Justice Canada
Dear Jody Wilson-	Raybould MP,	
		(FormLta)
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Yours sincerely,	s.19(1)	
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NP

Ministerial Correspondence Unit - Justice Canada From: 2016-May-16 12:04 PM Sent: Hedy Fry; Jody Wilson-Raybould To: Justin trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Cc: Subject: Say 'Yes' to Carter and 'No' to Bill C-14 Dear Members, (FORM LAR) Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming. If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling. As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shjelded from abuse. It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake. Yours sincerely, s.19(1)This email was sent via do^gooder, a campaign platform that enables people to contact you regarding issues they care

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 12:08 PM

To:

Cc:

Harjit Sajjan; Jody Wilson-Raybould

Subject:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

(FOrmLZD) =

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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From: Sent: To: Cc: Subject:	2016-May-16 7:46 PM Don Davies, Jody Wilson-Raybould Justin.trudeau@parl.gc.ca; Ministerial Correspondence Say 'Yes' to Carter and 'No' to Bill C-14	e Unit - Justice Canada
Dear Members,		
condemning individuals wit unwanted suffering. In add	14 will unfairly deny access to assisted dying to all but the chronic, degenerative diseases like ALS and Multiple lition, the ban on advance requests for assisted dying cond Huntington's disease, which rob victims of their con	Sclerosis to unnecessary and liscriminates against Canadians with
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Thank you for your time an		s.19(1)

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Ministerial Correspondence Unit - Justice Canada

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(Form 170

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 2:05 PM

To: Cc: Jody Wilson-Raybould

Subject:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Jody Wilson-Raybould MP,

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Yours sincerely,

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MCUEO5 DIG-01/240

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 3:42 PM

To:

Hedy Fry; Jody Wilson-Raybould

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

(FOrmL+B)

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Yours sincerely,

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 3:48 PM

To: Cc:

Hedy Fry; Jody Wilson-Raybould

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

FORM 1798

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

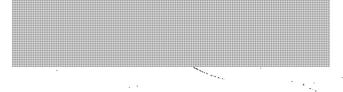
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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-16 10:25 PM

To: Cc: Jody Wilson-Raybould

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Jody Wilson-Raybould MP,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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When this bill was initially proposed, I waited for the amendments that would have put a timeframe on the revisiting of the flawed clauses, to allow further adjustments within the first term of this government. That I could have accepted. When no such adjustments appeared, I was forced to reconsider my support. Ignore June 6th. Start again. This time, get it right.

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N.P. DIL - G11306 MCUED3

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

2016-May-17 2:12 PM

To:

Hedy Fry; Jody Wilson-Raybould

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

FORM LAR)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, its has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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Ministerial Correspo	ondence Unit - Justice Canada	Mariant
From: Sent:	2016-May-17 2:14 PM	H0013
To: Cc:	Hedy Fry; Jody Wilson-Raybould	C400 1016-01
Subject:	Say 'Yes' to Carter and 'No' to Bill	erial Correspondence Unit - Justice Canada C-14
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Dear Members,		
		FORMLAR
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condemning individua unwanted suffering. I conditions like demer	als with chronic, degenerative diseases lin addition, the ban on advance requests national Huntington's disease, which rob ing from a government that came to pow	ted dying to all but the terminally ill, effectively ke ALS and Multiple Sclerosis to unnecessary and for assisted dying discriminates against Canadians with victims of their competency as a matter of course. This is ver promising to respect Canadians' Charter rights as well
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Yours sincerely,		
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N-P. DIG 01/303 MCUED1

Ministerial Correspondence Unit - Justice Canada From: Sent: 2016-May-17 3:42 PM To: Hedy Fry; Jody Wilson-Raybould Cc: Justin trudeau@parl.gc.ca, Ministerial Correspondence Unit - Justice Canada Subject: Say 'Yes' to Carter and 'No' to Bill C-14 Dear Members, Form Ltr Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming. If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling. As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse. It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake. Yours sincerely, s.19(1)

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Ministerial Correspondence Unit - Justice Canada

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From: Sent:

2016-May-17 12:34 PM

To:

Hedy Fry, Jody Wilson-Raybould

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

(Form LHA)

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> MCM-103 DR-011962 46

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-17 12:24 PM

To: Cc: Hedy Fry, Jody Wilson-Raybould

Subject:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-17 12:24 PM

To:

Hedy Fry; Jody Wilson-Raybould

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

(Form MAK)

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From:				14000
Sent:	2016-May-17 12:07 PM	1		,000,0
To:	Hedy Fry; Jody Wilson-			
Cc: Subject:	Justin.trudeau@parl.go Say 'Yes' to Carter and	ca; Ministerial Coi	rrespondence Unit -	- Justice Canada
Subject.	Say res to Carter and	NO TO BILL C-14	•	
Dear Members,		-	•	
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	ring the legislation in lin	e with the Suprem	ne Court's ruling in (would, at the very least, make Carter v. Canada. However, it ng.
conditions like dementia an	th chronic, degenerative ition, the ban on advance ad Huntington's disease om a government that c	e diseases like ALS a ce requests for assi , which rob victims	and Multiple Sclero isted dying discriming of their competend	
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and consultation, including	ou to reject the bill beca with medical and legal	use Canadians des regulators. In matt	erve legislation tha ers of life and deat	ne 6 deadline rapidly it reflects proper study, debate h, Canadians demand laws that ment starting again, especially
Yours sincerely,			s.19(1)	•

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From:		
Sent:	2016-May-17 12:10 AM	
To:	Jody Wilson-Raybould	
Cc:	Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Jus	stice Canada
Subject:	Say 'Yes' to Carter and 'No' to Bill C-14	,
Dear Jody Wilson-	-Raybould MP.	
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the necessary char	reservations about Bill C-14, I was hopeful that the Liberal government wo anges to bring the legislation in line with the Supreme Court's ruling in Cart that the amendments this bill so desperately needs are not forthcoming.	uld, at the very least, make er v. Canada. However, it
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the Supreme Cour eligibility criteria for	some critics have charged, there will be no legal void if new legislation isn'rt's decision comes into effect. Rather, the Carter ruling carves into the Crition who can access physician-assisted dying. In addition, provincial regulated in place to ensure vulnerable Canadians are shielded from abuse.	minal Code strict but fair
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Yours sincerely,		
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From: Sent: To: Cc: Subject:	2016-May-17 12:18 AN Jody Wilson-Raybould Justin.trudeau@parl.go Say 'Yes' to Carter and	c.ca; Ministerial Corresponde	ence Unit - Justice Canada
Dear Jody Wilson-Rayb	ould MP,	•	
gave to those who com	nmented on Bill C-14.		l was impressed by the attention that you
Although there are risk	s associated with any legisla	ation, I would very much like	y with the Supreme Court's charter ruling e physician assisted suicide to not be or it to be an option in advance directives.
Yours truly,		s.19(1)	g.
	of this email is campaigns@		to contact you regarding issues they care il was sent by who
	p protocol FC 3834 (http://v you should respond to	www.rfc-base.org/rfc-3834. at that email add	html) we have included this address in dress.
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Ministerial Correspondence Unit - Justice Canada

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		<u>DILD-0112</u>
Ministerial Corres	spondence Unit - Justice Canada	MCUFWA
From: Sent: To: Cc: Subject:	2016-May-17 12:03 PM Jody Wilson-Raybould Justin trudeau@parl.gc.ca; Ministerial Correspondence Say 'Yes' to Carter and 'No' to Bill C-14	14001- PC AH+.
Dear Jody Wilson-I	Raybould MP,	·
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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

s.19(1)

Sent:

May-17-16 8:55 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Say 'Yes' to Carter and 'No' to Bill C-14

----Original Message-----

From:

Sent: May 16, 2016 10:25 PM

To: Wilson-Raybould, Jody - M.P.

Cc: Trudeau, Justin - Député; mcu@justice.gc.ca

Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Jody Wilson-Raybould MP,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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When this bill was initially proposed, I waited for the amendments that would have put a timeframe on the revisiting of the flawed clauses, to allow further adjustments within the first term of this government. That I could have accepted. When no such adjustments appeared, I was forced to reconsider my support. Ignore June 6th. Start again. This time, get it right.

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To learn more about do^gooder visit www.good	l.do	

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Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

May-17-16 8:53 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada

FW: Say 'Yes' to Carter and 'No' to Bill C-14

----Original Message----

From:

Sent: May 17, 2016 1:58 AM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P. Cc: Trudeau, Justin - Député; mcu@justice.gc.ca Subject: Sav 'Yes' to Carter and 'No' to Bill C-14

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From: Sent:

2016-May-17 11:49 AM

To: Cc: Hedy Fry; Jody Wilson-Raybould

Subject:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

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Yours sincerely,	

s.19(1)

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Rt. Hon. Justin Trudeau Prime Minister of Canada Houses of Parliament Ottawa, ON K1A 0A6

Dear Mr. Trudeau,

We urge you to please revoke the requirement that doctors, nurses and other health professionals be required to perform euthanasia against their personal conscience beliefs. A doctor who does not believe in assisted suicide should not be required to refer a patient to another doctor who would perform that procedure. This is against his conscience and is just as wrong.

Section 2a of our Canadian Charter assures citizens of freedom of conscience. This law infringes on that right. We must protect the conscience beliefs of our Canadian citizens. We hope that you will ensure that this protection is firmly in place. Our doctors are valuable in our society and we don't want them resigning because of assisted suicide.

Can we depend on you to protect our health professionals?

Yours trulv.
s.19(1)

cc. Hon. Jodi Wilson-Raybould, Minister of Justice
MP. Pam Goldsmith-Jones, West Vancouver- Sunshine Coast - Sea to Sky
Country

Jodi Welson-Raybould, menester of Justice, House of Conamons Ottawa, On KIA OA6

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MCUED5 "

Ministerial Correspondence Unit - Justice Canada

From: Sent:

2016-May-17 11:03 PM

To:

Hedy Fry: Jody Wilson-Raybould

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,	

s.19(1)

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N P DIG 01/3/0 NCUEOS "

Ministerial Corresponde	nce Unit - Justice Canada	•	MCUEOS 6		
From: Sent: To: Cc: Subject:	2016-May-18 12:05 AM Don Davies; Jody Wilson-Raybou Justin.trudeau@parl.gc.ca; Ministe Say 'Yes' to Carter and 'No' to Bill	erial Correspondence Unit - Justic	140013 ce Canada		
Dear Members,		(4	Form Ltx)		
the necessary changes to	ions about Bill C-14, I was hopeful the bring the legislation in line with the amendments this bill so desperate	Supreme Court's ruling in Carter			
condemning individuals w unwanted suffering. In ac conditions like dementia	-14 will unfairly deny access to assist the chronic, degenerative diseases I dition, the ban on advance requests and Huntington's disease, which robotom a government that came to posting.	ike ALS and Multiple Sclerosis to s for assisted dying discriminates o victims of their competency as a	unnecessary and against Canadians with a matter of course. This is		
	ave to ask you to oppose Bill C-14 w n in good conscience throw your sup s the Charter.				
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Yours sincerely,					
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this email a	oddress:	s.19(1)

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Ministerial Correspondence Unit - Justice Canada

From:

Sent:

May-19-16 5:20 PM

To:

Robert Nault

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

modified form LIR

Dear Robert Nault MP,

Thanks for your kind reply to my earlier emails.

After yesterdays Alberta Appeal Court judgement. I believe your written reply must be completely reassessed. It is clear that the current draft of the Bill does not meet the expectation set by Carter vs State, nor the

charter.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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From:

Sent:

May-19-16 7:18 PM

To:

Sean Fraser

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

modified form LIR

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Sean Fraser MP,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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From:

May-19-16 8:26 PM

Sent:

Kyle Peterson

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Kyle Peterson MP,

modered form LIR

s.19(1)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering.

Even Gloria Taylor, upon whose case the Supreme Court's decision was based, would not qualify for medical assistance in dying in this flawed bill.

In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

As a result, I ask you to OPPOSE Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. The Carter ruling sets out strict but fair eligibility criteria for who can access physician-assisted dying.

Provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

Please do not rush Bill C-14 through Parliament.

The June 6 deadline may be approaching, but that is immaterial. I ask you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators.
Canadians need laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.
Yours sincerely, s.19(1)
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From:

Sent: May-19-16 9:07 PM

To:

John Barlow

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

s.19(1)

Dear John Barlow MP,

modified form LIK

Below I have included a letter that I fully support.

As we increase the life span of humanity more and more individuals will be forced to suffer at the end their lives. Without the option of assisted death some have chosen to attempt to end their life rather than be forced to continue on a life they no longer feel worthwhile living. My mother made that choice as she felt that once she was moved to a nursing home there would be no further choices for her to make. Unfortunately she did not have the knowledge or means to be successful. Therefore she suffered even more as the medical profession made attempts to keep her alive. Others have discussed the same fear. Most will not choose this option but knowing it is available is a comfort to those whose lives are full of pai

n with no relief possible. This includes both young and old for whom medical advances have kept them alive for longer than many would choose.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially

with so much at stake.	s.19(1)
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Yours sincerely,	
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May-19-16 9:40 PM

•	-
Yours sincerely,	

Andy Fillmore
Justin trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Andy Fillmore MP,

From: Sent:

To:

Cc:

Subject:

modified form LIK

I support the concerns of Dying With Dignity, as explained below. Please work toward changes to this bill.

I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Ministerial Correspondence Unit - Justice Canada

May-19-16 10:42 PM

Say 'Yes' to Carter and 'No' to Bill C-14

has become clear that the amendments this bill so desperately needs are not forthcoming.

Bill Morneau

From: Sent:

To:

Cc: Subject:

Dear Bill Morneau MP,

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling. As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse. It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake. Yours sincerely,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it

Justin trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

modified form LIR

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From: Sent:

May-19-16 11:44 PM

s.19(1)

To:

Sheri Benson

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Sheri Benson MP,

modified form

As a constituent of yours, having both spoken with you regarding this and having voted for you.. this concerns ME personally!

If Bill C-14 comes into law it will impact MY life and deny ME my right to a timely and pain free death with dignity. I helped put you in power to do the RIGHT thing.. Please don't let me, and those like me down! Our lives and deaths are in your hands.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,	s.19(1)	•
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Ministerial Correspondence Unit - Justice Canada

From:

May-19-16 11:42 PM

Sent: To:

Larry Bagnell

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Larry Bagnell MP,

modified form LTR

Larry, I fully support and agree with the text of the on-line script, below.

I am pleased the motion to limit debate on the matter has been withdrawn. However, I remain concerned that in the government's haste to meet the June 6th court-specified timeline, it is not giving this matter the complete consideration it requires. Let's do this right, from the outset. This issue is simply too important to Canadians to have the government act prematurely, especially when there are interim mechanisms in place to support those seeking a dignified, respectful death.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course.

This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the

necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

To learn more about do^gooder visit www.good.do

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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D16-011581 MOVED8 14000

Ministerial Correspondence Unit - Justice Canada

From:	
Sent:	May-19-16 6:11 PM
To:	Hedy Fry; Jody Wilson-Raybould
Cc: Subject:	Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Say 'Yes' to Carter and 'No' to Bill C-14
Subject.	Say res to Carter and No to bill C-14
Dear Members,	
Despite my early reservation	ons about Bill C-14, I was hopeful that the Liberal government would, at the very least, make
the necessary changes to b	oring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it
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Court's ruling and violates	the Charter.
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	an access physician-assisted dying. In addition, provincial regulators have already put the
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with so much at stake.	
Yours sincerely,	
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Ministerial Correspond	ience Unit - Justice Canada	1	,
From: Sent: To: Cc: Subject:	May-19-16 9:20 PM Don Davies; Jody Wilson-Rayt Justin.trudeau@parl.gc.ca; Mir Say 'Yes' to Carter and 'No' to	nisterial Correspondence U	Init - Justice Canada
Dear Members,			
the necessary changes to b	•	the Supreme Court's ruling	nent would, at the very least, make g in Carter v. Canada. However, it oming.
condemning individuals wi unwanted suffering. In add conditions like dementia al	nd Huntington's disease, which om a government that came to	es like ALS and Multiple Sc ests for assisted dying disc rob victims of their compe	
	in good conscience throw your		e House. Please take the time to blatantly defies the Supreme
the Supreme Court's decisi eligibility criteria for who c	ion comes into effect. Rather, th	ne Carter ruling carves into ing. In addition, provincial	tion isn't passed by June 6, when the Criminal Code strict but fair regulators have already put the se.
approaching, I am asking yeard consultation, including	with medical and legal regulate	nadians deserve legislation ors. In matters of life and d	e June 6 deadline rapidly that reflects proper study, debate leath, Canadians demand laws that rernment starting again, especially
Yours sincerely,		s.19(1)	
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this email address:		s.19(1)

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·s.19(1) MCUEDS

Ministerial Correspondence Unit - Justice Canada

From:
Sent.

May-19-16 5:09 PM

To: Cc: Hedy Fry; Jody Wilson-Raybould

Subject:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,	

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s.19(1)

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

May-20-16 10:46 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Say 'Yes' to Carter and 'No' to Bill C-14

----Original Message----

s.19(1)

From:

Sent: May 19, 2016 5:09 PM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P. Cc: Trudeau, Justin - Député; mcu@justice.gc.ca Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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Yours sincerely,

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Ministerial Correspondence Unit - Justice Canada

From:

Sent: To: May-19-16 11:24 PM

Cc:

Seamus O'Regan
Justin trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Seamus O'Regan MP,

modified form LIR

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering.

Most important from my personal concern,

looking forward to my future need and choice

, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to

oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

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with so much at stake.		
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Yours sincerely,		
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the REPLY-TO field and you should respond t		
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To learn more about do^gooder visit www.go	000.00	

Ministerial Correspondence Unit - Justice Canada

From:

May-19-16 11:35 PM

Sent: To:

Stephen Fuhr

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Stephen Fuhr MP,

modified form LIR

I wholeheartedly agree with the form email below.

Sincerely

Agreeing with the following:

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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s.19(1)

Yours sincerely,		
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Ministerial Correspondence Unit - Justice Canada From: Sent: May-19-16 11:19 PM To: Todd Doherty Cc: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Subject: Say 'Yes' to Carter and 'No' to Bill C-14 modified form LIR Dear Todd Doherty MP, Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming. If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling. As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse. It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

s.19(1)

Yours sincerely,

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	s.19(1)

May-19-16 10:59 PM

Say 'Yes' to Carter and 'No' to Bill C-14

Please make amendments to Bill C-14 per the recommendations of the Senate Committee report

(http://www.cbc.ca/news/politics/senate-committee-assisted-dying-report-1.3586175) or vote against it!!

Peter Fragiskatos

From: Sent:

Subject:

Dear Peter Fragiskatos MP,

To:

Cc:

eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put th necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.
It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, de and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, espec with so much at stake.
Yours sincerely, s.19(1)

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Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

modified form LIK

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To learn more about do^gooder visit www.good.do	s.19(1)	

From:
Sent: May-1

May-19-16 5:38 PM

To: Cc: Dan Ruimy

Subject:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Dan Ruimy MP,

modified form

This is my third letter, and first personal appeal, to you to take a good look at what the Supreme Court has stated is within our constitutional rights, and amend this bill to GIVE us our legal rights, not amend it all!! If I was breathing my last few breaths, which is the only time "imminent death" can be determined, I wouldn't need my legal right to assistance to die, would I? Please, Dan, please.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

s.19(1)

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Ministerial Correspondence Unit - Justice Canada

From: Sent:

May-19-16 2:49 PM

To:

Gord Johns

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Gord Johns MP,

modified form UR

I am one of the people who would be left suffering in silence if Bill C-14 passes as proposed. Of course I want to live, but a chronic, debilitating disease have ravaged my bones and is now affecting other functions. I want the right to decide how long I should be forced to endure unrelenting pain and disability. I want the choice to die before I become completely incapacitated. Isn't this how you would feel under the same circumstances?

I had reservations about Bill C-14 from the onset, I instinctively knew that the Liberal government would incorporate such bureaucratic lingo as to make it impossible for someone in my condition to even have the energy to fight the Liberal wording. I hoped at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

May-19-16 2:28 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Bill C-14

modified form LIR

From:

Sent: May 19, 2016 12:29 PM

To: Aldag, John - M.P.; Beech, Terry - M.P.; Dhaliwal, Sukh - M.P.; Fry, Hedy - M.P.; Fuhr, Stephen - M.P.; Goldsmith-Jones, Pam - M.P.; Hardie, Ken - M.P.; McKinnon, Ron - M.P.; Murray, Joyce - M.P.; Peschisolido, Joe - M.P.; Qualtrough, Carla - M.P.; Ruimy, Dan - M.P.; Sajjan, Harjit S. - M.P.; Sarai, Randeep - M.P.; Sidhu, Jati - M.P.; Wilkinson, Jonathan - M.P.; Wilson-Raybould, Jody - M.P.

Subject: Bill C-14

Dear BC Liberal Members of Parliament

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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Yours sincerely,	

s.19(1)

Life is short and we do not have long to gladden the hearts of those who walk with us. Let us be swift to love. And let us make haste to show kindness.

s.19(1)

From:

May-19-16 5:40 PM

Sent: To:

Carolyn Bennett

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

s.19(1)

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Carolyn Bennett MP,

modified form LTR

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

A three-judge panel in Alberta has just found the government's position denying assisted death to be counter to the Supreme Court's ruling around assisted dying. The patient in question is in excruciating pain and severely disabled, but not terminal.

As a doctor, your first goal must be to do no harm. If passed, Bill C-14 will do harm, possibly to hundreds, and cost sick people millions in legal fees before it is overthrown by the Supreme Court. This is unkind and poor politics, Dr. Bennett.

This artificial deadline isn't even the Liberal government's fault. It comes from Harper kicking the issue down the road. You are digging an entirely unnecessary hole for your government.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

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Yours sincerely,	s.19(1)
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From: Sent:

May-19-16 6:56 PM

To:

Bill Morneau; Adam Vaughan

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

modified form LTR

s.19(1)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

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As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

I believe the government should even go further and grant physician assisted dying to anyone who sincerely wants it. Perhaps a grace period of several months should be enacted from the time someone requests it to the time when it would be granted to ensure that the person's wish to die is, indeed, sincere and to satisfy the thoughts of those opposed to suicide for whatever reason. I am a candidate; I am reasonably recently disabled from a bad stroke and have lost everything that made, and makes, my life worth living. I have no medication an overdose of which will do the job nor aml now able to physically climb high enough for a fall that will do the job either. Why must I find the money to obtain a gun illegally on the black market, a market I cannot access. I believe everyone who sincerely wishes to end their life should have that right, should have the right to die without pain and with some dignity. Very few have the resources to get to Switzerland or any other more

enlightened country for long enough to obtain a physician assisted death. Let that right be available to all Canadians. We did not ask to have a life and we should not be forced to continue to live it. I have had several near death

desperate acts to find a way to end their file	e. Life was not a choice; ending it should be a legal choice and a right.
Yours sincerely,	
	s.19(1)
	ign platform that enables people to contact you regarding issues they care
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To learn more about do^gooder visit www.g	good.do

experiences and know that death is beautiful. Anyone who wishes it should not be forced to desperate measures or

May-19-16 7:05 PM

Say 'Yes' to Carter and 'No' to Bill C-14

Murray Rankin

From: Sent:

To:

Cc:

Subject:

Dear Murray Rankin MP,

It is clear that the government is trying to rush Bill Capproaching, I am asking you to reject the bill becau and consultation, including with medical and legal reare well-crafted and that ultimately respect their rig with so much at stake.	ise Canadians deserve legislation that re egulators. In matters of life and death, (eflects propei Canadians de
Yours sincerely,	s.19(1)	

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

modified form LIR

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

pidly r study, debate mand laws that gain, especially

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From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

May-20-16 10:44 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Say 'Yes' to Carter and 'No' to Bill C-14

----Original Message----

s.19(1)

From:

Sent: May 19, 2016 6:11 PM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P. Cc: Trudeau, Justin - Député; mcu@justice.gc.ca Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

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It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

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From:

Sent:

May-20-16 12:51 AM

s.19(1)

To:

Bernadette Jordan

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Bernadette Jordan MP,

modified form LTR

Since meeting with you in your office some weeks ago I have been following the news and debate with great interest as I consider it to be one of the most important pieces of legislation before the House of Commons In the last 50 years.

The bill effectively discriminates against individuals based on their diagnoses and excludes those individuals from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob patients of their competence, will be effectively excluded from access. What options will be open for those people who are involved in severe accidents or suffer severe strokes which leave them in vegetative state. This is completely unacceptable and goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

In my opinion no new law is far better than this bad legislation. There will be no legal void if a federal law isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. As I pointed out iat our last meeting I do not believe that the lobbies and other vested interests who protest the Senate committee recommendations are protected as no one is suggesting that there will be any compulsion in legislation.

I am also strongly of the opinion that in view of the fact that 75% of an individual's healthcare costs are incurred in the last three months of one's life, I have no wish to prolong an unbearable existence and further increase intergenerational theft with unnecessary, unwanted medical bills paid off by my grandchildren

I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I have to ask you to oppose Bill C-14 when it is voted on in the House.

Yours sincerely,

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From:

Sent:

May-20-16 7:54 AM

To:

Celina Caesar-Chavannes

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject:

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Celina Caesar-Chavannes MP,

modified formure

Dear Celina. We have yet to meet but i truly hope we do in the future.

s.19(1)

As a result I am

signing this note with great respect and hope that the Liberals will consider in greater depth the lives this bill will NOT help.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Kind regards,	·				
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From:

Web Administrator

Sent:

May-20-16 8:06 AM

To:

Ministerial Correspondence Unit - Justice Canada

Cc:

Bolton, Kathy; Stooke, Diane

Subject:

FW: Bill C-14 - Assisted Dying Bill

Good morning MCU,

An email to the attention of the Minister.

Thank you.

Guy

Guy Bellavance, C.D.

Information Officer | Agent d'information

Public Enquiries EMB-3341 | Demandes du public EMB-3341 Communications Branch | Direction des communications

Department of Justice Canada | Ministère de la Justice Canada

Tel. | Tél: (613) 952-2279 Fax | Téléc: (613) 954-0811

Email | Courriel: guy.bellavance@justice.gc.ca Government of Canada | Gouvernement du Canada

From:

Sent: May-19-16 10:07 PM To: Web Administrator

Subject: Re: Bill C-14 - Assisted Dying Bill

s.19(1)

To: Justice Minister Jody Wilson-Raybould

The Standing Committee on Justice and Human Rights Dan Albas (MP) Stephen Fuhr (MP) Right Honourable Justin P.J. Trudeau Health Minister Jane Philpott

Re: Assisted Dying Bill C-14

I am against passage of this bill as it stands, because it is contrary to the Supreme Court's recommendation that addresses advance directives as a right. Advance directives are the most humane and fair way to deal with end of life decisions. It should be a right of every competent individual who suffers from an illness that causes severe bodily and psychological pain. I also believe palliative care should be available in nursing homes, but this has to be addressed as a separate issue.

I believe there should be an amendment to this bill allowing advance directives, or failing that, the bill should not be passed as is. Or it will be challenged in the courts as a violation of charter rights.

Page 1102 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

From:

s.19(1)

Sent:

May-20-16 10:46 AM

10:

Carolyn Bennett

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

modified form UR

Dear Carolyn Bennett MP,

I support and agree with Dying with Dignity's stance on Bill C-14 and join them in urging you to say 'No' to Bill C-14. As a physician I can assure you that this bill does not offer guidance to the medical professionals who plan to provide assisted death to their patients. It makes it murkier and harder to provide good patient care and advice to patients. The Supreme Court's Carter decision promised Canadians assisted death delivered with compassion, fairness, dignity, personal integrity, and individual, personal choice. Bill C-14 does none of this. In considering the people who have discussed requesting an assisted death with me, NONE of them would qualify under Bill C-14, in spite of their having "grievous and irremediable medical" conditions that "cause enduring suffering that is intolerable" to them. This is a situation in which no law is better than a bad law.

I do not understand why the Liberal government is doing this, after promising to respect the Charter and the Carter decision. I hope that you, as a physician, can see the significant problems with Bill C-14 as it currently exists, and that you will use your professional and political voices and expertise to object to it and work to craft good legislation that will enhance the lives of all Canadians.

I would also like to hear from you, as a colleague, your thoughts and considerations in this matter. You are in a position to provide us with guidance and feedback.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme

Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,		s.19(1)					
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From: Sent:

May-20-16 8:34 AM

To:

Andy Fillmore

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

s.19(1)

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Andy Fillmore MP,

I support physician assisted dying. We all die. When it comes my turn, I want the option to die with dignity. I want all Canadians to have that option too; what any of them do with that option is their choice.

I had reservations about the first draft of Bill C-14. I was hopeful that the government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. I also hoped that it would go further and be Charter compliant, and provide us with a path forward for minors and decision making.

However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

I am asking you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. This law does.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. The Supreme Court understands this.

In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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Yours sincerely,	s.19(1)
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Ministerial Correspondence Unit - Justice Canada

May-20-16 8:32 AM

From: Sent:

To: Cc: Subject:	Jane Philpott Justin.trudeau@parl.gc.ca; Ministerial Correspondence L Think of my Kitchen table and Say 'Yes' to Carter and 'No	Jnit - Justice Canada o' to Bill C-14
Dear Jane Philpott MP,		
We voted for you and are hin a matter that really I mu	nappy that you represent us. Ultimately I will support you st defer to my elected betters.	u to use your expertise and insight
However, I did want to mal decision to vote on C-14.	ke you aware of my concerns about Bill C-14 and that you	consider them as part of your
I feel Bill C-14 is like my kite	chen table.	

Assisted dying is an important issue to me but I would like to make sure that we don't rush legislation that is only a partial solution in the hopes that we can improve it later. My fear is that we might not again capture this level of focus for decades and like my kitchen table we'll be stuck with our current decision for decades.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,
s.19(1)

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s.1.9(1)

From:

May-20-16 9:37 AM

Sent:

Cara Cara

Cc:

Sean Casey

Subject:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter ruling!

Dear Sean Casey MP,

(2 emails)
modified form

s.19(1)

About Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like PSC, ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against some sick Canadians. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

Please take the time to consider whether you can in good conscience support a law that blatantly defies the Supreme Court's ruling and violates the Charter. The Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

With the June 6 deadline rapidly approaching, I am asking you to allow the Carter ruling to stand and review Bill C14 because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely,

at that email address.

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Ministerial Correspondence Unit - Justice Canada

From: Sent: To: Cc:	May-20-16 9:43 AM Lawrence MacAulay Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada
Subject:	Say 'Yes' to Carter ruling!
Dear Lawrence MacAulay	MP,
About Bill C-14, I was hope the legislation in line with	eful that the Liberal government would, at the very least, make the necessary changes to bring the Supreme Court's ruling in Carter v. Canada.
condemning individuals w unwanted suffering. In add	14 will unfairly deny access to assisted dying to all but the terminally ill, effectively ith chronic, degenerative diseases like PSC, ALS and Multiple Sclerosis to unnecessary and dition, the ban on advance requests for assisted dying discriminates against some sick by disappointing from a government that came to power promising to respect Canadians' be Supreme Court's ruling.
Court's ruling and violates who can access physician-	ensider whether you can in good conscience support a law that blatantly defies the Supreme the Charter. The Carter ruling carves into the Criminal Code strict but fair eligibility criteria fo assisted dying. In addition, provincial regulators have already put the necessary safeguards in a Canadians are shielded from abuse.
because Canadians deserv legal regulators. In matter	rapidly approaching, I am asking you to allow the Carter ruling to stand and review Bill C14 re legislation that reflects proper study, debate and consultation, including with medical and is of life and death, Canadians demand laws that are well-crafted and that ultimately respect ame in the government starting again, especially with so much at stake.
Yours sincerely,	

			s.19(1)		
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about. The FROM field of this email address:	this email is campaig	gns@good.do howev	er the email was sei	nt by	who provided

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From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

May-20-16 10:36 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Emailing: C-14_review.pdf, C-14_review000.pdf

Attachments:

C-14_review.pdf; C-14_review000.pdf

s.19(1)

----Original Message----

From:

Sent: May 20, 2016 9:14 AM

To: Trudeau, Justin - Député; hon.rob.nicholson@parl.gc.ca; Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Emailing: C-14 review.pdf, C-14 review000.pdf

Your message is ready to be sent with the following file or link attachments:

C-14_review.pdf C-14_review000.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

If Farliamentarians are fully aware of their Legislature Fowers and duties to the electorate, why don't they assert these with their location to the electorate, why don't they assert these with their location of Life only can initiate human life, then He alone has the night to end it notwally, will enable them to govern with integrity amid adversaries, as we used to sing. He's got the whole world in His hands Obtaining Lucin Elizabeth II's Christman Day, Speech will surely gives us the right perspective on what to do in being lights in the day's darksworld. As larada's Head of State, not Sovernment, she she is the Light!

Trime Minister Justin Frudeau has called the Liberal the party of the Charles, yet Bill C-14 has pulled the Charles rug from under health care workers and medical institutions without any explicit protection of above Section 2's quarantee for them. The Hypocratic Oath of 400's B.C. is thus marked as: I will give deadly medicine to anyone if asked, and suggest any such counsel. Completely disrespected & things and the preciousness of life, in favour of lander new Right to Kill. Prayerfully, their co-Parlimentarians, even m M. P. s. e.g. Harold Albrecht, Garnett Genius, John McKay, Gord Brow and Michael Cooper, wen if be at the Eleventh hour that true compassion will present and Michael Cooper, wen if be at the Eleventh hour that true compassion will present

In the words of the late great U.S. Supreme Court Justice, Antonian Scalia: a system of government that makes the People subordinate to a committee of nine uncleited lawyers does not deserve

to be called a democracy."

Who can feel in a country where anyone can be persecuted for refusing to violate respect for human life from conception to its natural end? Since there is already a shortage of healts care workers and facilities, where is the sound reasoning to decreate them further with an exodus of conscientious objectors?

There though the Liberals have a majority, their cutting done

Even though the Liberals have a majority, their cutting don of the debate to 2 days is most undemocratic and quashing

The Bittle part go.co fustin Trudeau, Hom Jody Wilson-Raybould Jane Phily The Justin Trudeau Hon. Rob. Nicholson Jody Wilson-Raybould Jane Philpott @ part go.co @ part go.co @ part go.co @ part go.co

s.19(1) Coveluding Page for enroll sent by yesterday Tage with my apology for not being able to finish Pages 3 & 4 on the computer due to my unrelenting eye fatigue, but want to get it out this week so am forced to scan use my homographics there are the some forced to scan.

use my handweitten original copy. Thank you for your atten various amendments e.g., prior judicial review, the lack of quality Hospice Palliative Care and orchestrating presenters firstly who support Bill C-14 rather than these who would challe uge its defects so that no time was left for Church Leaders of not only the Christian I Juvish and Muslim faiths, the first ham exformed Euthanasia Prevention Coalition, L'arche Canada, Living with Dignity (instead of Dying with dignity opponents) Balfa. Mount, Canada's leading authority on palliative case, It would have been a gesture of Canadian fairness to alternate with one for presenter with one against presenter in slatting the F. Scott Fitzerold's quote of 80 years ago in his essayed, The Crash Up today still validly defence first-rate entelligence as, One (who) should be able to see that things No one has any right to tell other people how to wake them otherw No one has any right to tell other people how to vote. The Raw Minister to his/her causeus, has this usurps the democratic rights, legislators and their constituents. Meanwhile, could pafter the Government has invoked the Notwithstanding Clause for the maximum of 5 year are which constituents have taken the necessary time to become thoroughly knowledgeable about the prox and come of Bill C-4 (speluling all of the travesties that are happening in Belgin and Hollandsand in comparison with the benefits of quality hospice-pollistics care to cost free Nationwede Referendum be held by simply deapping water's owk sly of paper, with 1/25 or No Search Ballatinto locked liter placed at City Hall. Reception Desk, later counted by volunteers, thrice, overseen by a services volunt A Certificate of Appreciation given by Federal Government and a participant in Democration Donated a Certificate from a local business could serve as an incentive 001116

From:	lence Unit - Justice Canada			and the fifting death on the large entry products to a large
Sent: To:	2016-May-20 1:15 PM Bill Casey			•
Cc: Subject:	Justin.trudeau@parl.gc.ca; M I support Dying with Dignity	linisterial Corresponde	ence Unit - Justice Ca	anada
Dear Bill Casey MP,				
bear bill easey lyir,	•			
Thomas				<u>.</u>
raised by Dying with Dig	ems with Bill C-14 and I hope you nity and many other citizens.	will convince your par	rty to take time to ex	ramine the concerns
condemning individuals unwanted suffering. In a	C-14 will unfairly deny access to with chronic, degenerative diseandition, the ban on advance requand Huntington's disease, which	ises like ALS and Multi uests for assisted dyin	ple Sclerosis to unne g discriminates agair	cessary and nst Canadians with
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Please take the time to defies the Supreme Cou	consider whether you can in good rt's ruling and violates the Charte	d conscience throw yo	our support behind a	law that blatantly
consultation, including v	the bill because Canadians dese vith medical and legal regulators imately respect their rights. Ther	. In matters of life and	death, Canadians de	emand laws that are
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Yours sincerely,				
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Ministerial Correspondence Unit - Justice Canada

modified form yr

From:

Sent:

May-20-16 9:00 AM

To:

Sean Casev

Cc: Subject: Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Say 'Yes' to Carter and 'No' to Bill C-14

Dear Sean Casey MP,

I hope you've received enough of these to know it's a form letter. But it is a well stated from letter and is carefully thought out by people who care enough to research the issue thoroughly. I've attached my contact information (even though I didn't have to) because I want to give you an opportunity to reply (but please don't send me talking points that don't actually and directly address the content of this email) if you think some arguments are missing something. I hope it is obvious, but an alternative for me is to make the necessary amendments - even if it means going over the deadline better to go for a short time without proper legislation then go a long time with bad legislation. You guys have enough to do fixing the damage cause by the previous conservative government without having to set it up so you have to undo some of your own work.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

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D16-011898

Ministerial Corre	spondence Unit - Justice Canada	wicoen a
From: Sent: To: Cc: Subject:	2016-May-21 5:57 PM Harjit Sajjan; Jody Wilson-Raybould Justin.trudeau@parl.gc.ca; Ministerial Correspond Say 'Yes' to Carter and 'No' to Bill C-14	(form 1+1 dence Unit - Justice Canada
Dear Members,		
the necessary cha	reservations about Bill C-14, I was hopeful that the Liberal g nges to bring the legislation in line with the Supreme Court that the amendments this bill so desperately needs are not	's ruling in Carter v. Canada. However, it
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approaching, I am and consultation,	government is trying to rush Bill C-14 through Parliament. Nasking you to reject the bill because Canadians deserve leg including with medical and legal regulators. In matters of lifted that ultimately respect their rights. There's no shame in take.	islation that reflects proper study, debate fe and death, Canadians demand laws that
Yours sincerely,		
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TICE POLICE

The honorable Jody Wilson-Raybould Minister of Justice 284, Wellington Street Ottawa, ON K1A 0H8

necephed/megu

Dear Minister Wilson-Raybould,

We are writing you today to express our concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like us are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like us will be unable to find the kind of doctor that we would like to have.

We are also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider our concerns as these deliberations are conducted. We request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

le 23 mai 2016

L'honorable Jody Wilson-Raybould Ministre de la Justice et procureure générale du Canada 284, rue Wellington Ottawa, ON K1A OH8

Madame la Ministre Wilson-Raybould,

Nous savons que le gouvernement a déposé récemment le projet de loi C-14 qui légalisera l'euthanasie ou l'aide au suicide. Nous vous écrivons aujourd'hui pour vous demander de protéger les personnes et de respecter la liberté de conscience des professionnels de la santé et celle des hôpitaux et autres établissements de soins.

Nous demandons au gouvernement de fournir la protection législative aux professionnels de la santé et aux établissements qui s'opposent à l'euthanasie et à l'aide au suicide en raison de leurs convictions morales ou de leur mission et leurs valeurs institutionnelles. Ceux et celles qui s'opposent à l'euthanasie et à l'aide au suicide ne devraient jamais être contraints à pratiquer cette procédure ou à prendre les arrangements pour qu'elle se fasse (aiguillage). Aucun autre État étranger dans le monde, qui a légalisé l'euthanasie et l'aide au suicide, n'oblige ses professionnels de la santé et ses établissements de santé à agir contre leur conscience.

Le gouvernement du Canada a déclaré qu'il souhaitait voir cette loi appliquée de manière uniforme à travers le pays. Par conséquent, une protection législative de la liberté de conscience au niveau fédéral garantirait cette uniformité.

Nous voulons aussi encourager le gouvernement du Canada à agir rapidement pour mettre en œuvre une stratégie nationale de soins palliatifs et de ressources améliorées pour les personnes les plus vulnérables. Plus que jamais, des solutions alternatives à l'aide au suicide doivent être accessibles à tous les Canadiens et les Canadiennes.

Veuillez accepter, Madame la Ministre, l'assurance de nos sentiments les meilleurs.

Sincèrement,

Signatures to support the freedom of conscience of medical worker and institutions to protect life.

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The honorable Jody Wilson-Raybould Minister of Justice 284 Wellington Street Ottawa, ON KIA OH8

From:

2016-May-22 1:17 PM

s.19(1)

To:

Sent: Blake Richards

Cc:

Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada

Subject: Regarding Carter vs. Canada and Bill C-14

Dear Blake Richards MP,

"Primum non nocere" - "First, do no harm" is the core value in the Hippocratic Oath, sworn by all doctors since ancient times.

In ancient Ireland, doctors were required to "Cause no pain, provide a complete cure, and leave no scar." The Irish realized that sometimes, the greatest harm a doctor can do is keep someone alive who is in horrible pain and is suffering with a progressive disability that will not be cured.

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. Having worked in the health care field for many years, I have been witness to the suffering of those with ALS, MS, Huntington's Disease and dementia. Death was a release for them after years, sometimes decades of undue suffering and the lack of a complete cure.

In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter. I understand that certain religious values contradict the idea of doctor assisted death, but I would ask that you consider those who do not share the same values, or those who have the same values but can no longer suffer. I would rather see a patient die peacefully, thanks to a doctor who cares enough to know when preserving life does great harm; than commit suicide - a far greater sin in some eyes.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights.

There's no shame in the government starting again, especially with so much at stake. Let us do what is right for the people and do no harm, but allow for a peaceful end to their never ending pain and suffering.

Yours sincerely,

s.19(1)

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Ministerial Corresp	ondence Unit - Justice Canada
From: Sent: To: Cc: Subject:	2016-May-23 6:13 PM Cathy McLeod Justin.trudeau@parl.gc.ca; Ministerial Correspondence Unit - Justice Canada Bill C-14
Dear Cathy McLeod	MP,
Bill C-14, which cam bring in legislation t	e into being by the delay by your government is flawed. I thought the Liberal government would hat would respect the Supreme Court's ruling in Carter v. Canada. That is not the case.
suffering with chron	Bill C-14 addresses only the terminally ill. It will unfairly deny access to assisted dying to those ic, degenerative diseases like ALS and Multiple Sclerosis. In addition, the ban on advance requests scriminates against Canadians with conditions like dementia and Huntington's disease.
This is extremely dis as well as the Supre	appointing from a government that came to power promising to respect Canadians' Charter rights me Court's ruling.
I ask you to oppose proposes and wheth	Bill C-14 when it is voted on in the House. Please take the time to consider what the Senate error you can support a law that defies the Supreme Court's ruling and violates the Charter.
effect. Rather, the C	al void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into arter ruling carves into the Criminal Code strict but fair eligibility criteria for access to physiciandition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable led from abuse.
approaching, I am as	overnment is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly sking you to reject the bill because Canadians deserve legislation that reflects proper study, debate cluding with medical and legal regulators.

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Ministerial Corresponden	ce Unit - Justice Canada	the control of the co	
From: Sent: To: Cc: Subject:	2016-May-24 1:34 PM Ministerial Correspondence Unit Hon.Jane.Philpott@Canada.ca; Bill C-14	- Justice Canada chrystia.freeland@parl.gc.ca	
Dear Minister Wilson	-Raybould:		
support for the inclusion	ion of dementia in Bill C-1 petent Canadians in accor	oad to voice in the stronges 4 through the recognition of dance with a reasonable pro	of advance directives
also far rather the verboth my own and ta	y considerable financial re	broader societal perspective sources that would be expected dollars — be spent in ways	ended caring for me
that it would be prefer dementia and advance them in the original le	cable for the Supreme Cou e directives in the Medical egislation, I hope that the C	ontroversial issue. If the go rt to specifically direct Parl Assistance in Dying Act, re Sovernment will, as Mr. Ol- ourt for review, rather than	iament to include ather than including iphant is urging,
I believed I voted for believes itself to be th Dying will affirm both	e party of the charter. I ho	ment prepared to take risks pe the final legislation on N	s and, which I heard, Medical Assistance in
Sincerely,		•	

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl:gc.ca>

Sent:

2016-May-24 10:58 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: I support conscience rights & the protection of the vulnerable.

From:

s.19(1)

Sent: May 22, 2016 9:16 PM

To: Wilson-Raybould, Jody - M.P.

Subject: I support conscience rights & the protection of the vulnerable.

To My Member of Parliament;

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-24 11:20 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Dissatisfaction with Bill C-14

s.19(1)

From:

Sent: May 20, 2016 /:03 PM
To: Wilson-Raybould, Jody - M.P.
Subject: Dissatisfaction with Bill C-14

Hon. Jody Wilson-Raybould, M.P., P.C.

20 May, 2016

Dear Minister,

I wish to convey my serious dissatisfaction with the content of Bill C-14 as presently drafted.

The Alberta Court of Appeal ruled this week that Bill C-14 violates the Supreme Court of Canada's ruling in the 2015 Carter case. In addition to which, putting forward Charter-non-compliant draft legislation that deviates from House and Senate committees' considered recommendations seems willfully cynical and cruel -- and likely poisons the well of goodwill that will surely be required to achieve other widely-expected progressive legislative outcomes.

Your government has consistently reassured Canadians that it aims to 'change the channel' in regard to the way it conduct parliamentary business. This is widely understood to mean an end to mean-spirited, litigious, and uninformed ways and means to achieve its' objectives. It is therefore disappointing to see ignored the considered testimony of well-informed expert witnesses who have testified before parliamentary committees, the guidance provided by Canadian Courts, and the voiced by a growing majority of Canadians (responding to successive credible national opinion polls) calling for the right of Canadians to access timely and compassionate physician-assisted death. Importantly, the law should also respect the advance instruction of a mentally-competent individual who wishes to end their irremediable suffering in a dignified manner -- whether or not their demise is imminent.

The Supreme Court unanimously ruled that prohibitions on physician-assisted dying "deprive a competent adult of such assistance where (1) the person affected clearly consents to the termination of life; and (2) the person has a grievous and irremediable condition... that causes suffering that is intolerable to the individual in the circumstances of his or her condition."

The Alberta Court of Appeal ruling earlier this week clearly stated that the right to a dignified and compassionate physician-assisted death does **not** require the individual to be terminally ill. Nor does it require that the person – and family – requesting to end an unbearably-painful existence engage in (many cases prohibitively) financially- and emotionally- costly legal challenges in order to access their Charter right(s).

Making Charter-inconsistent decisions, an altogether unpleasant feature of the Harper decade of darkness, was, and remains, a flagrant misuse of public money. It is puzzling and troubling – and certainly not befitting a government that has repeatedly promised progressive, compassionate, and evidence-based governance – to see this abuse appear so early in our new government's term of office.

I would respectfully urge you to bring forward legislation that is compassionate, better-informed, and Charter-consistent.

Sincerely,

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-24 11:20 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: In Regards to Bill C-14

From:

Sent: May 20, 2016 7:30 PM

To: Wilson-Raybould, Jody - M.P. **Subject:** In Regards to Bill C-14

s.19(1)

Minister of Justice and Attorney General The Honourable Jody Wilson-Raybould House of Commons Ottawa, Ontario Canada K1A 0A6

Dear Ms. Wilson-Raybould;

I am writing to you concerning Bill C-14 – Medical Assistance in Dying. Although I disagree with the principle of medical assistance in dying, I acknowledge that the government must produce a Bill as a result of the 2015 Supreme Court of Canada decision in order to fill a potential legal vacuum with unknown and potentially dangerous consequences for vulnerable people and medical practitioners.

I would first like to express my concerns with the principle of medical assistance in dying. This proposed legislation will make euthanasia and assisted suicide legal and more accessible in our entire country. The sanctity of human life is a foundational principle of Canadian society. It has both individual and communal import: it undergirds the recognition of the equal dignity of each individual regardless of their abilities or disabilities and shapes and guides our common life together, including our legal, health care and social welfare systems. It engenders the collective promotion of life and the protection of the vulnerable.

The teaching of the Christian Church and the stance of its members and many non-Christians alike affirms the sacredness and dignity of human life. Suicide and euthanasia are contrary to the most profound natural inclination of each human being to live and preserve life. Furthermore, they contradict the fundamental responsibility that human beings have to protect one another and to enhance the quality of health and social care which every human life deserves, from conception to natural death. At a time when our priority should be fostering a culture of love, and enhancing resources for those suffering and facing death, assisted suicide leads us down a dark path. At first sight it may seem an attractive option, a quick and merciful escape from the suffering that can be experienced in life, but fuller reflection reveals its grim implications, especially for those who are most vulnerable. Such fuller reflection is sorely needed now.

The withholding or withdrawal of burdensome treatment must be distinguished from euthanasia and assisted suicide. The intention in such cases is not to cause death but to let it occur naturally. There is a fundamental difference between killing a person and letting her or him die of natural causes.

Bill C-14, no matter how it may be amended, is an affront to human dignity, an erosion of human solidarity, and a danger to all vulnerable persons -- particularly the aged, disabled, infirm and sick who so often find themselves isolated and marginalized. Moreover, it is a violation of the sacrosanct duty of healthcare providers to heal, and the responsibility of legislators and citizens to assure and provide protection for all, especially those persons most at risk. As our country faces this new moral and social threat, I call on all legislators to consistently defend and protect the lives of all.

Recognizing that the Supreme Court decision and deadline essentially make medically assisted death a reality in Canada, and that a Bill is necessary to develop and pass to make it happen, I ask that the government to:

- Prioritize effective palliative care for all, and support for those experiencing chronic suffering of any kind. We must especially offer love and compassionate assistance to those who are tempted to suicide, with or without assistance.
- Protect health care workers across Canada who oppose participating in euthanasia/assisted suicide, either by doing it personally or by arranging for it to be done (that is, referring for these procedures.) Their conscience rights are protected under the Canadian Charter of Rights and Freedoms, and those rights must be respected in practice. In protecting them, we protect those they serve.
- Protect health care institutions, hospices and long-term care facilities whose mission, vision, and values commit them each day to heal, not to hasten death. In a cold world of euthanasia, havens of hope are all the more needed.
- Ensure careful and stringent tracking and legislative review is put in place so that the bill can effectively be assessed and challenges addressed in public dialog during the review.

Thank you for your	attention t	to these	actions.
Sincerely,			



From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-24 10:59 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject: Attachments:

FW: Objection to Bill C-14 Letter to Minister re C14.doc

s.19(1)

From:

Sent: May 22, 2016 4:58 PM **To:** Wilson-Raybould, Jody - M.P.

Cc: Philpott, Jane - M.P.; Runciman, Bob :Sen; Jaffer, Mobina S. B. :Sen; Baker, George :Sen; Baker, George :Sen; Batters, Denise :Sen; boisvp@sen.parl.gc.ca; Cowan, Jim :Sen; Dagenais, Jean-Guy :Sen; Joyal, Serge :Sen; McInnis,

Thomas Johnson: Sen; McIntyre, Paul: Sen; Plett, Donald: Sen; senatorwhite@sen.parl.gc.ca;

peter.harder@sen.parl.gc.ca; Carignan, Claude: Sen

Subject: Objection to Bill C-14

Hello

l attach my letter of concern about Bill C-14 Medical Assistance in Dying.

May 22, 2016

The Honourable Jody Wilson-Raybould Minister of Justice House of Commons Ottawa, ON K1A 0A6

Dear Minister Wilson-Raybould,

I am writing today to express my concerns with Bill C-14 Medical Assistance in Dying. Like other Canadians, I am opposed to the legislation since euthanasia and physician assisted suicide are not the answer. Our health care workers have been trained to improve our health with a goal of curing our illnesses and suffering.

Many health care workers and facilities who object to euthanasia are not able to participate for reasons of conscience, ethics, organizational values, religious convictions or the Hippocratic Oath. Objecting caregivers and facilities are motivated by their concern for the wellbeing of their patients. Many are members of religious traditions that consider referral of any kind, or allowing assisted death on facility premises, as forms of participation in murder. There should be clear conscience protections for health care workers and facilities in the legislation. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure. If objecting health workers are forced out of Canadian healthcare, I will no longer be able to access their care at these facilities.

The Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to do things against their conscience or religious convictions. There are ways to respect patient decision making while also respecting the rights of caregivers and facilities not to be involved.

I would like to see increased funding for palliative care, mental health and support for people with disabilities. People need to have supports in place so that they have an alternative to assisted death.

From a faith perspective, I believe that all people:

- · should have the right to make informed and conscientious decisions about their end of life care
- decide when to refuse or withdraw life sustaining interventions when the burdens resulting from such medical treatment are clearly disproportionate to the hoped for benefits
- receive effective pain and symptom management to lessen pain and suffering
- have access to high quality palliative and hospice care that encompasses support for the physical, spiritual, emotional
 and psychological dimensions of the end of life experience for dying persons and their families

I invite your response to the following questions:

- Are doctors and health care providers going to be able to opt out of the practice of physician-assisted suicide?
- Will Catholic facilities lose funding because of this opt out decision?

Thank you for your time and consideration. I look forward to your response.

Sincerely,

Cc: Honourable Jane Philpott, Minister of Health
Senate Members of the Standing Committee on Legal and Constitutional Affairs
Representative of the Government in the Senate, Honourable Peter Harder
Leader of the Opposition in the Senate, Honourable Claude Carignan

P16-011902

140013

Ministerial Correspondence Unit - Justice Canada

From:

Geoff Regan, M.P. <geoff@geoffregan.ca>

Sent:

2016-May-24 2:53 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada

FW: Help fix the government's flawed assisted dying bill

The Honourable Jody Wilson-Raybould, P.C., M.P. Minister of Justice and Attorney General of Canada

Dear Minister Wilson-Raybould:

I am writing on behalf of Geoff Regan, M.P. in regards to feedback received from constituent does not believe that mental illness and other forms of degenerative conditions should be omitted from Bill C-14. His correspondence is below.

Mr. Regan wanted to bring this to your attention.

Yours truly,

Kevin Harrison

Constituency Assistant | Office of the Honourable Geoff Regan P.C., M.P | Member of Parliament for Halifax West House of Commons | Parliament of Canada | 902-426-2217 | • 902-426-8339 facsimile | www.geoffregan.ca 1496 Bedford Highway | Suite 222 | Bedford, NS B4A 1E5

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s.19(1)

----Original Message----

From:

Sent: May 9, 2016 8:25 PM

To: Regan, Geoff - M.P.

Subject: Help fix the government's flawed assisted dying bill

Dear Geoff Regan MP,

As a concerned resident of your riding, I'm reaching out today to urge you to help fix Bill C-14, the federal government's proposed legislation for assisted dying. If the bill is passed as is, the Liberal government's new assisted dying law will unfairly restrict rightful access to assisted dying in at least two ways:

- The clause in Bill C-14 limiting assisted death to Canadians whose "natural death is reasonably foreseeable" will deny access to assisted dying to all but the terminally ill. It risks violating the rights of Canadians with advanced degenerative

illnesses like ALS who are suffering but whose death isn't necessarily imminent. This is far narrower in scope than the Supreme Court's decision in Carter v. Canada and violates Section 7 of the Charter.

-The bill effectively excludes individuals diagnosed with severe illnesses from accessing their right to die with the help of a doctor. Without the option to make advance requests for assisted dying, pyCanadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access. This completely goes against the spirit of the Supreme Court's 2015 ruling on physician-assisted dying.

With the restrictive nature of the proposed legislation, I don't believe that Kay Carter, whose case helped the Supreme Court of Canada arrive at its decision in Carter v. Canada, would have even qualified for assisted dying. This is unacceptable and should be an embarrassment to this government.

Listen to the voices of the 85 per cent of Canadians who support the Supreme Court's inspired ruling on assisted dying and the 80 per cent of Canadians who support the right to advance consent for aid in dying. Please push for amendments to Bill C-14 that will put it in compliance with the high court's decision and work to include provisions that would allow Canadians with devastating conditions like dementia to access assisted dying.

Now is the time to make sure the laws we pass give de unendurable suffering. Thank you for your consideration	·
·	*
This email was sent via do^gooder, a campaign platformabout. The FROM field of this email is campaigns@goo provided this email address:	m that enables people to contact you regarding issues they care d.do however the email was sent by who
In accordance with web protocol FC 3834 (http://www.the REPLY-TO field and you should respond to	v.rfc-base.org/rfc-3834.html) we have included this address in at that email address.

To learn more about do^gooder visit www.good.do

From:

Sent:

2016-May-25 8:57.AM

To: Subject: Ministerial Correspondence Unit - Justice Canada euthanasia/assisted suicide--amended version

Dear Minister Wilson-Raybould,

I am aware that the government has recently tabled Bill C-14 that will legalize euthanasia/assisted suicide in Canada. I am opposed to any form of euthanasia/assisted suicide. I write today to express my views and to ask you to protect the vulnerable and to respect the conscience rights of health care workers, hospitals and other care facilities.

Suicide is not part of health care. Killing the mentally and physically ill, whether young or aged, is contrary to caring for and loving one's brother and sister. The dignity of the human person and the flourishing of the human community demand: 1) protection and respect for each human life from conception to natural death, and 2) freedom of conscience and religion for each person as well as each institution. Social wellbeing, personal security and the common good involve safeguarding, not endangering, the lives of those suffer. When any life is vulnerable and can be taken at will, the dignity of all lives is seriously eroded. Respect for all human life in our society is jeopardized.

Bill C-14, no matter how it may be amended, is an affront to human dignity, an erosion of human solidarity, and a danger to all vulnerable persons—particularly the aged, disabled, infirm and sick who so often find themselves isolated and marginalized. Moreover, it is a violation of the sacrosanct duty of healthcare providers to heal, and the responsibility of legislators and citizens to assure and provide protection for all, especially those persons most at risk. I call on federal, provincial and territorial legislators to consistently defend and protect the lives of all, to renew efforts to guarantee accessible home care and palliative care, and to protect the conscience rights of healthcare providers and agencies refusing to be part of euthanasia and assisted suicide. I ask the government to provide legislative protection for health care workers and facilities that object to euthanasia/assisted suicide because of their moral convictions and/or institutional mission and values. Those who oppose euthanasia/assisted suicide should never be forced to perform the procedure or arrange for it to take place (referral). No foreign jurisdiction in the world that has legalized euthanasia/assisted suicide has forced health care workers or facilities to act against their conscience. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination. The Government of Canada has stated that it wishes to have this legislation implemented consistently across the country. If that is the case, legislative protection of conscience rights at the federal level would provide such consistency. It is not necessary to make dedicated physicians and healthcare workers put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that refuse to participate in euthanasia/assisted suicide. If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have.

The experiences of jurisdictions that have legalized euthanasia and assisted suicide show the criteria keeps expanding and safeguards have not protected vulnerable people against being euthanized without their consent.

As only 30% of Canadians have access to palliative (end of life) care, all Canadians should be given improved care options that offer effective medical control of pain and, even more importantly, loving accompaniment as they approach the inevitable end of life. I would also encourage the Government of Canada to move quickly to

implement a national palliative care strategy and enhanced resources for the most vulnerable. More than ever, alternatives to euthanasia/assisted suicide must be accessible to every Canadian.

Sincerely,

From:

Sent:

ZUTO-IMAY-Z5 TT:TO AIM

To:

Ministerial Correspondence Unit - Justice Canada

Cc:

hon.jane.philpott@canada.ca

Subject:

Bill C-14

Dear Minister Wilson-Raybold,

I am writing to you because I am asking you to protect the most vulnerable of our society, and also, to respect the rights of those who wish to follow their conscience, such as doctors, nurses, health care workers etc. As a Catholic woman, I am opposed to euthanasia and assisted suicide. I don't think that parliament has the right to force this on us. It has already proven to be a dangerous path in other countries.

Years ago, our province lost a lot of good Catholic hospitals just because they would not perform abortions. Deja vu? It would be naive to think that this will only be used in the last weeks of a terminal patient. There will be a lot of interpretation and abuse, I guarantee it. It is not the government's job to play God.

Our money and time would be better spent on assisting the terminally ill, with palliative care and hospice support, and medications. I don't want some health care professional making these decisions for me, and it will come to that eventually. It is a very slippery slope indeed.

We are supposed to be protected, by the Charter of Rights and Freedoms, from being forced by the state to do things against our conscience or religious convictions. I just find this whole situation appalling.

Sincerely,

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

2016-May-27 1:46 AM

To:

Ministerial Correspondence Unit - Justice Canada; Jane Philpott, P.C., M.P.

Subject:

letter re PAD

Attachments:

PAD-Wilson-Raybould&Philpott-MAy23'16.docx

Please find attached my letter to the two minsters about physician assisted death.... I hope that it will be possible to improve this legislation.

Thank you.

May 23, 2016

Justice Minister Jodie Wilson-Raybould Health Minister Jane Philpott Government of Canada Ottawa, Ontario

Dear Minsters Philpott and Wilson-Raybould;

I am writing to ask you to put a pause on the Liberal government's push to pass the flawed Bill C14. I ask that you take some time to consider the right work that needs to be done according to the Supreme Court decision.

The Supreme Court ruled unanimously (9-0) in 2015 that previous legislation be struck down. The ruling provided plenty of guidance for making physician assisted dying available to people with grievous and irremediable conditions. The Justice ministry's lawyers have provided short sighted and erroneous guidance in development of the new bill. As Justice Minster you are proporting to protect vulnerable individuals when in fact Bill C14 actually discriminates against many people who are experiencing considerable suffering - those who have lived, often for many years with chronic, debilitating conditions that have resulted in almost non existent quality of life, horrendous unrelenting symptoms as well as suffering for them as well their family and friends. I believe that this is wrong!

I do not know the names of the lawyers working in your department but if they are the same ones who worked for Peter McKay, then you have a big problem. Many items of legislation proposed by Peter McKay and his lawyers was flawed and despite being passed by the Harper Conservative government too often ended up being challenged and over ruled by the courts. I think those lawyers did not fully understand the Canadian Charter of Rights and Freedoms nor the significance of Supreme Court decisions. Their advice is unreliable and should not be followed.

The topic of dying is not an easy one. We have lived in a death denying culture. Many people do not want to consider their own deaths and have been seduced by the 'miracle of modern medicine' into believing that death can somehow be averted. Physicians have been educated to save lives – to offer hope, even when treatments have little likelihood of a successful outcome. Perhaps they regard a patient's death as their failure. However I have full confidence that the challenges for physicians and nurse practitioners presented by a revised Bill C14 -physician assisted dying – will be met with reason, education and the necessary exemption for those who are not philosophically ready to complete this type of care. I have confidence that the right processes will be put into place to protect those who are vulnerable to the influence of others.

More and more people are recognizing the limits of medicine- especially when it comes to those experiencing virulent forms of chronic, incurable diseases such as multiple sclerosis, parkinson's disease and its variants, scleroderma, lupus, spinal stenosis, etc, etc. They are cognizant of their poor quality of life and have come to accept that death is preferable to living with such suffering. The Supreme Court judgment validated the choice of these individuals to seek a physician assisted death. This legislation is about the choice of individuals who are suffering immeasurably.

Many experts have been speaking out about the Liberal government's proposed legislation and found it to be flawed and unconstitutional. In addition to promoting fear and in accuracies, some special interest groups have advocated for limited changes in current practices. Some might think that the Justice Minister's role for legislation is to find a balance in these perspectives, but this is not correct. If the current legislation passes in parliament, members of the Senate will have to provide sober second thought and take the needed time to make important changes to this legislation.

I believe that the role of the Justice Minister is to draft legislation that complies with the Supreme Court decision. This thoughtful legislation will lead society (not attempt to balance disparate opinions) and will lay the groundwork for implementing person centred, caring processes for assisted dying for those who qualify.

I would ask you, Minister Wilson-Raybould to review and revise your Bill C14. Take the time, make the necessary revisions and encourage your government to pass credible and truly progressive legislation. I would ask Minister Philpott to support this more liberal legislation – that complies with the Supreme Court decision and to facilitate the health system's ability to implement not only this legislation but also improvements in Palliative Care in Canada. Thank you.

Sincerely,

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-27 12:16 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Request for properly Democratic Review of Medically Assisted Suicide Issue by M.P.

Recipients

s.19(1)

From:

Sent: May 26, 2016 6:44 PM

To: Bittle, Chris - Riding 1A; Bittle, Chris - M.P.; Trudeau, Justin - Député; Philpott, Jane - M.P.; Wilson-Raybould, Jody -

M.P.; Badawey, Vance - M.P.; dean.allisn@parl.gc.ca

Subject: FW: Request for properly Democratic Review of Medically Assisted Suicide Issue by M.P. Recipients

Dear M.P.'s:

Please read message accompaning Pages 3 and 4 of previous e-mail.

Yourt ruly and gratefully,

From

To:

justin.trudeau@parl.gc.ca; chris.bittle@parl.gc.ca

Subject: Request for properly Democratic Review of Medically Assisted Suicide Issue

Date: Thu, 19 May 2016 20:31:23 +0000

Dear Prime Minister Justin Trudeau:

As a born- Canadian, I respectfully request that you firmly oppose Euthanasia and Assisted Suicide Legislation in the light of the following considerations universally supported by those who adhere to the Voice of Reason and the Laws of Nature.

Whatever terminology has been used during this Debate, the bottom line is that the Parliamentary Report's 21 Recommendations go far beyond what the Supreme Court of Canada ruled. Far from patient-centered, the report casually rejects society's fundamental obligation to provide care for the sick, lonely, depressed, elderly and dying.

What began in narrowly defined circumstances of Ms. Carter is now recklessly distorted into a broad right for people of all ages and circumstances to demand to be killed, but also to force hospitals, doctors and other health care professionals to facilitate this killing, even though it may drastically conflict with their moral convictions and/or institutional mission and values. No foreign jurisdiction in the world that has legalized medically- assisted killing has forced healthcare workers or facilities to act against their conscience! What right have our provincial Colleges of Physicians/Surgeons to do so? How would this concur with the policies of the World Health Organization? Only legislative protection of Conscience Rights could be implemented consistently at the federal level! Nevertheless, a National Hospice-Palliative Care Strategy and enhanced Resources for the most vulnerable, more than ever, must be promptly implemented as logical alternatives to assisted suicide, and accessible to every Canadian. May this be one of your promised sunny ways of making genuine amends to all life- respecting Canadians! So help you GOD, will be my daily prayer at Mass for you and your fellow parliamentarians!

For a caring homo sapiens, deliberate ending of another's life is not a compassionate choice. As a Social Human

Being, Man the Wise must help his fellow human beings in living. Death is neither a pain killer to the killed nor in the long run to their survivors, when guilt eventually kicks in.

Although, I am aware that the government has recently tabled Bill C-14 that will legalize euthanasia /assisted suicide in our Canada yet, since I am opposed to any form of it, and today, The Higher Power ABOVE, Who is trying to give you the Message to avoid this premature Vote, is concurring with our opposition, by inspiring the NDP to 'enact the Moments of Privilege' and simultaneously to promptly inspire you, Right Honorable Justin Trudeau, to WALK YOUR TALK: "We are here to serve Canadians, and Canadians deserve to have their concerns expressed fully and fairly in a direct and dignified manner. " Again, I reiterate, may you use your God-given opportunity to genuinely fulfill your Wednesday's noble promise, quoted above, to over shadow your spontaneous Faux Pas, as an immediate proof of your Sunny-Ways put into Action to make Amends!

Bearing in mind, that the sole right of any Court is to INTERPRET the Law and not to abolish it, why has this Court been "undemocratically" allowed to violate our Rights to Freedom of Conscience and Religion in Section 2 of your Dad's repatriated Charter of Rights and Freedoms, and how it can it claim that it was not making a moral judgment, when it was dealing with a moral issue?

Bioethicist, Dr. Bill Sullivan asserts: "Whenever anybody asks to be made dead, think depression" which "is a treatable illness at any stage in life" when the government makes the health coverage for it available.

Domenic Darren Dias reminds us that contemporary "society has lost the time-honoured act of dying well", a preparation for which "is living well... with faith, hope, patience, humility and generosity".

s.19(1)

May 28, 2016

The Honourable Jody Wilson-Raybould Minister of Justice and Attorney General of Canada MINISTER OF JUSTICE 284 Wellington Street Ottawa ON K1A 0H8 Fax: 613-954-0811 Email: mcu@justice.gc.ca MINISTRE DE LA JUSTICE

2016 MAY 15 A 8: 05

Dear Hon. Jody Wilson-Raybould

RECEIVED/REQU

While I am opposed to any form of euthanasia/assisted suicide I write today asking you to protect the vulnerable and to respect the conscience rights of health care workers, hospitals and other care facilities. I understand that the province will be developing legislation to regulate assisted death in the near future. I am very concerned about the protection of conscience rights for health care workers and healthcare facilities who cannot participate because of their moral or ethical convictions.

Provincial legislation must have conscience protections for health care workers and facilities like hospitals, nursing homes, or hospices. This legislation must protect health care workers from being forced to perform or refer for these procedures or being discriminated against because of their conscientious objection. In the same way, facilities must not be required to provide euthanasia on their premises.

No foreign jurisdiction that allows euthanasia requires physicians to refer or facilities to provide it. For example, California's law says that participation in any activities related to assisted suicide is voluntary.

Objecting health care workers and facilities are not able to participate in euthanasia for reasons of conscience, ethics, organizational values, religious convictions or the Hippocratic Oath. Many are members of religious traditions that consider referral of any kind, or allowing assisted death on facility premises, as forms of participation in euthanasia.

The Canadian Charter of Rights and Freedoms protects Canadian citizens against being forced by the state to do things against their conscience or religious convictions. There are ways to respect patient decision making while also respecting the rights of caregivers and facilities not to be involved.

Objecting caregivers and facilities are motivated by their concern for the well-being of the patient. I would like to go to one of these doctors or be cared for in one of these facilities. If they are forced out of Canadian healthcare, I will not have this option. This restricts my freedom of choice. I would also like to see increased funding for palliative care, mental health and support for people with disabilities. People who are desperate need to have supports in place so that they have an alternative to assisted death.

Sincerely,		•	

s.19(1)

MINISTER OF HEALTH
The Honourable Jane Philpott
Brooke Claxton Building
Tunney's Pasture

Postal Locator: 0906C Ottawa ON K1A 0K9 Fax: 613-941-5366

Email: hon.jane.philpott@canada.ca

Cathay Wagantall

Conservative Party of Canada Telephone: 306-782-3309 Toll Free: 1-800-667-6606

Fax: 306-786-7207

E-mail: Cathay. Wagantall.c1@parl.gc.ca

43 Betts Avenue

Yorkton, Saskatchewan

S3N 1M1

s.19(1)

The Honorable Judy Wilson-Ray South and Canada Minister of Justice & attorney Served Canada 284 Wellington Area Area Delawa, ON KIA OH8

From:

Sent: 2016-May-29 3:44 PM

s.19(1)

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

Bill c14

Dear Minister Wilson-Raybould

I am writing to you regarding my concerns of Bill C14, and how it affects protecting the vulnerable people within our society, the conscience rights of Canadian physicians, and the conscience of health care facilities where this opposes their vision and mission statements. I write with the experience of over 20 years of experience working with vulnerable people in the healthcare system, currently as a physician and formerly as a nurse.

My main concerns are as follows:

- 1 Protecting the vulnerable. I have seen many patients make decisions based on what they feel is easiest for their caregivers and families. They do not want to be a burden on those who are helping them. I fear for those patients who may choose to end their lives early so as not to be a perceived burden on their loved ones and society.
- 2 The decision to end life being made when the person may not actually have an incurable illness. Science can be wrong. I am reminded of two cases I came across in the last couple of years where patients had incurable illnesses. One even held a "Celebration of Life" party in anticipation of impending death. As a specialist in my field, the science indicated these patients would not survive. However, these patients survived and have returned to a good quality of life. I am thrilled that we were wrong in these cases. I would be grieved if we were wrong and lives were permitted to be terminated early as a result of the inaccuracy of science and medicine.
- 3 Breach of trust. The hands that heal should not be the hands that take away life. Physicians should not be in the position to cause a potential breach of trust. How can patients trust their care providers to care for them if these may be the same providers that may take away their life?
- 4 Care giver burnout. Physicians are faced with challenging cases in which they are unable to provide cure. The role of the physician should be to alleviate the pain and suffering as best they can. If they are unable to alleviate the pain and suffering, there is the potential for seeking a way to end the feeling of helplessness (for the patient, care providers, and family) in other words, encouraging ending life prematurely.

			•		
5 – Protection of physic referral upon patient rec	ians' conscience quest violates phy	e rights. A referral i	is a form of particip e of rights.	ation; therefore, ma	ndatory
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6 – Not allowing faciliti	ies to opt out of p	providing physician	-assisted death in fa	acilities.	
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Sincerely	•				
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			s.19(1)		

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-30 8:42 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Say 'Yes' to Carter and 'No' to Bill C-14

----Original Message----

From:

Sent: May 29, 2016 11:23 AM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P. Cc: Trudeau, Justin - Député; mcu@justice.gc.ca Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

s.19(1)

Despite my early reservations about Bill C-14, I was hopeful that the Liberal government would, at the very least, make the necessary changes to bring the legislation in line with the Supreme Court's ruling in Carter v. Canada. However, it has become clear that the amendments this bill so desperately needs are not forthcoming.

If passed as drafted, Bill C-14 will unfairly deny access to assisted dying to all but the terminally ill, effectively condemning individuals with chronic, degenerative diseases like ALS and Multiple Sclerosis to unnecessary and unwanted suffering. In addition, the ban on advance requests for assisted dying discriminates against Canadians with conditions like dementia and Huntington's disease, which rob victims of their competency as a matter of course. This is extremely disappointing from a government that came to power promising to respect Canadians' Charter rights as well as the Supreme Court's ruling.

As a result, I regretfully have to ask you to oppose Bill C-14 when it is voted on in the House. Please take the time to consider whether you can in good conscience throw your support behind a law that blatantly defies the Supreme Court's ruling and violates the Charter.

Contrary to what some critics have charged, there will be no legal void if new legislation isn't passed by June 6, when the Supreme Court's decision comes into effect. Rather, the Carter ruling carves into the Criminal Code strict but fair eligibility criteria for who can access physician-assisted dying. In addition, provincial regulators have already put the necessary safeguards in place to ensure vulnerable Canadians are shielded from abuse.

It is clear that the government is trying to rush Bill C-14 through Parliament. With the June 6 deadline rapidly approaching, I am asking you to reject the bill because Canadians deserve legislation that reflects proper study, debate and consultation, including with medical and legal regulators. In matters of life and death, Canadians demand laws that are well-crafted and that ultimately respect their rights. There's no shame in the government starting again, especially with so much at stake.

Yours sincerely.

s.19(1)

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To learn more about do^gooder visit www.good.do

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-30 8:52 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Say 'Yes' to Carter and 'No' to Bill C-14

----Original Message-----

From:

Sent: May 28, 2016 12:50 PM

To: Fry, Hedy - M.P.; Wilson-Raybould, Jody - M.P. Cc: Trudeau, Justin - Député; mcu@justice.gc.ca Subject: Say 'Yes' to Carter and 'No' to Bill C-14

Dear Members,

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Yours sincerely,

s.19(1)

s.19(1)

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PLEASE DO NOT EUTHANIZE ME

s.19(1)

MINISTER OF JUSTIC

Dear Honorables Wilson-Royloulds
RECEIVED/REÇU

Without Prejudice

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comore fellestrapor

Page 1161 is withheld pursuant to section est retenue en vertu de l'article

19(1)

of the Access to Information Act de la Loi sur l'accès à l'information

Honorable Jody Wilson - Raybould, M.R. House of Commons Ottawa, Ontario KIA OAG

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

2016-May-31 9:00 AM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Don't pass current form of C-14

s.19(1)

From:

Sent: May 30, 2016 7:10 PM

To: Vaughan, Adam - M.P.; Holland, Mark - M.P.; Mendicino, Marco - M.P.; Freeland, Chrystia - M.P.; Trudeau, Justin -

Député; Philpott, Jane - M.P.; Wilson-Raybould, Jody - M.P.; Bennett, Carolyn - M.P.; Oliphant, Rob - M.P.

Subject: Don't pass current form of C-14

I am not a "card-carrying" member of the Liberal party, but I have been a Victory Fund participant and a sole contributor to the party off and on for many years.

I was enthusiastic about the Liberal policies, particularly the promise to bring in legislation to respect to the Carter decision, which I expected you to honour in its spirit and legality. My sense of betrayal is profound.

I expected the son of Pierre to actively support the Charter of Rights - he said he would. I now find that I am NOT a member of any special interest group and therefore am having my individual rights curtailed and compromised by them.

We are all aware that the following groups have taken control of this issue - religious, disabled, CMA, and perhaps aboriginal (I do realize that suicide is a current and serious issue for them)

With this appearement policy, you are seriously compromising the lives of all other Canadians.

Please don't betray the trust that we placed in you.

And thank you, Rob Oliphant, for your compassion and hard work for ALL - not just some - Canadians.

s.19(1)

Ministerial Correspondence Unit - Justice Canada

From:

Sent:

June 01, 2016 9:57 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada Bill C-14 and Freedom of Conscience Protection

Attachments:

Bill C-14.doc

Dear Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada,

May I submit my sincere concerns regarding Bill C-14 and my support for Freedom of Conscience Protection.

May wisdom guide you in this time of serious deliberation regarding the common good and moral direction of our country, especially concerning those who are most vulnerable.

Thanks you,

June 1, 2016

Regarding: Bill C – 14

Freedom of Conscience

Dear Honourable Servant of the Common Good of Canada:

I am greatly distressed and alarmed that Canada is approaching the path of state-sanctioned, legalized, publicly funded, assisted suicide as proposed by Bill C-14. The legalization of euthanasia and assisted suicide is a serious step, and we must be soberly aware that it unfetters a way of thinking and acting into our Canadian culture that may quickly become irreversible, uncontrollable by initial parameters, and steadily expanding. At this critical time in the debate, despite the proposed legislation which is considered by many knowledgeable opponents to be too vague and permissive, it becomes increasingly and predictably evident that many proponents of assisted suicide still want the scope expanded beyond any connection to imminent death.

I find it hard to comprehend that the Supreme Court of Canada and the Parliament of our democratic country has taken upon itself the authority to permit a Canadian civilian citizen to perform an act with the deliberate, intended outcome to kill or assist in the suicide of another Canadian, with the protection of the law.

Furthermore, I fear that our democratic legislators would pass legislation or approve regulations by which citizens (i. e. Canadian health professionals) and Canadian health care facilities would be forced to engage in ending the life of another person, under threat of disregard for their freedom of conscience and serious penalty to their professional registration, their ability to practice or provide services to those who are in no way associated with euthanasia and assisted suicide, and to their livelihood?

Freedom of Conscience

I oppose forcing health care personnel or health care facilities to participate in euthanasia or assisted suicide by direct involvement or indirect methods, including referrals and filling prescriptions. I support protection of freedom of conscience for physicians, nurse practitioners, pharmacists, health care facilities, and any health care or auxiliary staff who cannot by their right of freedom of conscience, their intelligence, and their moral integrity contribute directly or indirectly to intentionally and deliberating ending the life of another human being.

How can it be ruled unconstitutional for a person not to be assisted to commit suicide at their request, and yet be acceptable to require health professionals, by law or by their professional bodies, to participate directly or indirectly in a lethal act? How can you force a Canadian to participate in the killing or suicide of another human being?

While the bill offers legal protection to the designated health care workers who participate under the conditions of the Bill, why does it not also offer legal protection to health care personnel and facilities who cannot by their professional ethics and freedom of conscience participate in ending the life of another person?

Whereas the Bill C-14 grants that recipients of assisted suicide are legally entitled and required to provide informed consent, such that no such act should be coerced upon them and no act committed

without their approval, and subject to witnesses (who meet certain criteria) to attest that their consent is voluntary and informed, then so also those health care professionals who are asked to participate in this irreversible act must also be permitted the same legal rights and protections, to do so only with their own informed consent, without any coercion or threat of penalty, and with the legally protected right to refuse to participate in acts which kill another person or aid their suicide.

Why would we require, or coerce, any health care worker to kill or assist the suicide of another human person and thereby open up a new form of mental distress as these people try to come to terms with what they have done against their will, or what they have lost because they refused to participate?

If the law and regulations require health professionals to participate in euthanasia and assisted suicide, will you have another set of professionals to help families, friends, administrators, health care workers, support staff, and volunteers who are displaced or penalized by their refusal to participate; or morally and emotionally torn apart by the intentional or wrongful death of the ill, dying, or distressed people who were in their care?

If you force health professionals and health care facilities to act against their intelligence, will, and conscience in this gravest of all matters, how can you then expect them to use these faculties in so many other situations in which we depend on the health of their educated minds and the integrity of their informed consciences?

I also express concern about the:

Advance Directives: After working for over twenty years in gerontological nursing and another ten years in pastoral care, I am deeply concerned about efforts to permit advanced directives for euthanasia and the harm this may bring to vulnerable individuals, their families, and caregivers. Cognitively intact persons are not necessarily competent to decide in advance that their life will be meaningless or unbearable if and when they have dementia, or to require anyone to end their life because of a diagnosis or disability. We worked so hard to move beyond the minimum of custodial care and reducing people to a diagnosis, but now I fear we are once again finding another way to diminish and impoverish the life of others.

Risk of Financial Incentives in which health care practitioners or other individuals, clinics, organizations, businesses, or institutions might seek monetary profit for carrying out these acts.

Risk of Abuse of Lethal Injections: how will it be ensured that they will be used as intended once they leave the pharmacy or dispenser?

Youth and Reinforcing a Culture of Suicide.

Misleading Use of Terminology, such as medical aid in dying, to describe the narrow act of ending s life by deliberate acts of euthanasia or assisted suicide. Medical aid in dying is a broad term; if you ask if one wants to receive or provide 'medical aid in dying', any reasonable person could expect that to entail a number of measures to help one's comfort and courage in the dying process, and the support of their families. I am primary caregiver to parents in their 90's. I will not trust leaving my elderly parents in a vulnerable time to an environment in which euthanasia and assisted suicide are misrepresented as medical aid in dying. That kind of vague and confusing terminology may suit legislation or proponents of assisted suicide, but it is not clear or helpful in real life. I will remain by

their side to protect them from those who may consider their lives less worthy or who do not have the courage, knowledge or skills to stand by them with comfort, knowledge and skill in their time of need.

Palliative Care and Mental Health Care: On what basis would we force health professionals to commit these acts or participate in them when we have not exacted the same requirements regarding the provision of palliative care and mental health care?

After so many years of working and struggling for palliative care, it is bewildering to see our legislators now raising the rallying cry and investing significant resources to ensure assisted suicide. Where is the same passion, commitment and standard for palliative care and mental health care?

Steady Expansion beyond Initial Parameters: Except by deception, moral arrogance or ignorance, I cannot understand why we have ignored the experience of other countries where this practice has steadily eroded the initial parameters established for it. When we are dealing largely with subjective reasons for choosing to end one's life, we are laying the ground for euthanasia and assisted suicide on a broad spectrum. We may think that we have control, but much of the experience of other nations does not support this.

Potential Loss to the Common Good of Health Professionals and Health Care Facilities because they refuse to follow regulations at the federal or provincial levels that attempt to force them to participate in acts of euthanasia or assisted suicide that, even if legalized, remain morally and medically questionable?

Abuse and Victims of Wrongful Euthanasia: We are reflecting the transient popular culture that makes ending life intentionally a state-sanctioned, legally protected, publicly funded option. It seems that this movement is predicated on the supposed rights of individuals to die when they choose with the assistance of others, voluntary or forced. But what of the rights of people whose deaths will be hastened by acts of commission or omission because we have fostered an environment that suggests the lives of certain people are not worth living? If our courts and legislatures are supposed to be committed to the common good, why are we less concerned about those whose deaths will be hastened without their consent?

If we dare to open up this legislation, then we must be honest in recognizing that there will be abuses by individuals, families, and professionals; there will be deaths without consent, in other words, there will be victims whose right to life and care will be overrun. There will be family discord and psychological and spiritual trauma experienced by families and health care workers. There will be people who feel obliged to see themselves as a burden to their loved ones or to society. There will be people who will become afraid in a health care environment in which euthanasia and assisted suicide occur. There will be youth who see a society that legalizes suicide, giving it the appearance of an honourable, reasonable and grown-up option when life seems unbearable and hopeless. It will allow some health care professionals who see elderly and disabled persons as useless, a drain on health care resources, and better off dead to act on their fears of ageing and death. There will be people who "learn" suicide as a valid option in their families or social circle. There will be ethical dilemmas raised, such as married couples who ask for assisted suicide because they do not want to live without each other. There are people with dementia whose lives are different, but they are still able to laugh, dance, show kindness, and be loved and cherished; will we follow an advance directive when they are not suffering as they expected and when we are willing and able to care for them and their families. These are only some of the realities. Euthanasia and assisted suicide may meet the 'constitutional rights' of

some individuals, but it will do so at the cost of harm and distress for many other Canadians.

Small Vision for Common Good in Canada: We hear much talk from politicians about a new and bigger vision for Canada – why are we settling for such an emaciated vision in which *medical aid in dying* means ending the life of a person who is experiencing physical or mental illness, dying, disability, depression, dementia, or the personal desire to choose the time, place and manner of their death and to require someone else to participate in that act? This may meet the interpretation of individual rights that one is "entitled" to what one wants regardless of the effect on the broader community, but how does this meet the criteria of the common good when the freedom and safety of others will be seriously or fatally eroded?

For me, public polls are unreliable and insufficient in a decision of this moral magnitude. The accuracy depends on the question and the circumstances of the respondents who are often self-selected by whether they agree to answer the poll. For example, if some years ago, we held a poll whether aboriginal peoples should have the option of a funded education in a residential school, we might have obtained a positive response. If we asked if they should be forcibly removed from their families, homes, and cultures, and not allowed to see their families, or speak their language, etc, it might be a different answer. Nevertheless, it appears that Canadian society in general permitted this approach to assimilation and considered it fashionably moral and modern at the time. I doubt that the government or churches or anyone else involved wanted physical or sexual abuse to occur; however, when we place people in a vulnerable position, there will be other people with ulterior irresponsible motives who will take advantage of the opportunity to inflict harm. I think that legalized assisted suicide has the same potential and it would be naive to think that this will not open the door to hurt and harm for some Canadians who are innocent and vulnerable to abuse.

I am 61 years of age. For over 30 years, I worked in gerontological nursing and pastoral care in hospital, long-term care, and home care settings, spanning clinical practice, administration, and education, including the continuing education of nurses in gerontology. My work focused largely on the care of person's with Alzheimer's Disease and other types of dementia, chronic progressive illness, and palliative care. Nine years ago, I returned to Nova Scotia to assist my parents who are now in their 90's. My education includes a Masters Degree in Nursing from McGill University. I have worked closely with individuals, families, staff, and volunteers. I cannot begin to describe the moral distress that would be experienced in the face of deliberately harming the patients and residents entrusted to our care and protection.

I have never seen a person with dementia, even in the final stages, who was not a unique human person. I have seen the love, compassion and caring of staff and volunteers for them. I have seen their grief when they die. I have seen families come through the dying and grieving process. Many have come back to tell us they will not be afraid of death anymore because they have seen how it can be experienced with skillful, knowledgeable help and companionship. I have seen distress and sorrow in persons with dementia, but I have also seen the rest of life in them too – joy, singing, laughing, praying, and kindness to others. I have learned so much from them and am convinced we need them as much as they need us.

If someone comes to us and asks for our help, what will we offer to them? If someone comes to us and says their life is not worth living, what will we offer them? If they come to us because they are afraid or confused, what will we hold out to them? Will we cherish them or confirm that their life is hopeless, helpless, meaningfulness, and a burden to their families and society? I cannot support legislation that

makes killing and suicide the solution. I became a nurse and then a pastoral care professional to help offer the best of our knowledge, skills, and companionship. The vision of euthanasia and assisted suicide is too small, too negative, too destructive, and too demeaning. If the life of our patients, clients and long-term residents becomes so easily expendable, then our health care workers are also demeaned and no longer called to a high standard of noble education and commitment to life. Please help us to help each other, not to kill each other.

If I was still working in the public arena, I would not participate directly or indirectly in deliberately ending another person's life. I would not willingly relinquish my employment or my professional registration. I would not abandon my freedom of conscience as a Canadian and a human being. If I did, I would betray myself, my professional ethics, my moral foundation, and my duty to stand on guard for Canada.

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NOTE:

TO M3 JODY WILSON Ray BOLD

To meet Canada Post guidelines, this card must be inserted into an envelope. Address that envelope to your Member of Parliament (Name of MP, House of Commons, Ottawa ON, K1A OA6). Keep in mind that you don't need a stamp – postage to Parliament is free!

Association for Reformed Political Action PARPA CANADA

1-866-691-2772 | ARPACANADA.ca INFO@ARPACANADA.CA There is not a jurisdiction in the world where safe not lost... sasisted suicide and euthanasia are legal...

PROTECTED

Ounder law)

s.19(1)

TO MINISTER JODY WILSON RayBELS
HOUSE OF COMMONS.
OTTAWA
ONT. KIA. O.A.6.

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

June 01, 2016 8:53 AM

To: Subject:

Ministerial Correspondence Unit - Justice Canada

FW: euthanasia bill

s.19(1)

From:

Sent: June 1, 2016 12:37 AM **To:** Wilson-Raybould, Jody - M.P.

Subject: euthanasia bill

Ms. Wilson-Raybould,

I am writing to you to express my concern about the proposed euthanasia bill that is before the house of Commons. I understand the compassion that motivates the introduction of this bill. End of life choices are a challenging issue.

I do not believe in assisted suicide because I believe all life is precious and sacred. My concern is about the slippery slope euthanasia puts us as a country on. The slippery slope is real, and has led some jurisdictions into positions where the elderly are afraid to visit their physicians. I feel that it is a betrayal of trust for our physicians, the people we depend upon when we are the weakest to be the ones responsible for ending life.

The hippocratic oath reveals the challenge physicians face when treating difficult cases. "Most especially must I tread with care in matters of life and death. Above all, I must not play at God." Doctors and other health care providers should not have to participate in euthanasia against their conscience. If they are, the truly compassionate medical care givers could be forced out of the service of their fellow man by their consciences objections. This is a breech of the Canadian Charter of Rights and Freedoms.

Suicide happens every day in this country without being sanctioned by law. Those determined to end their time here on earth often find a way to do so. I think it is tragic that when people are in their last days or in desperate spirits there could be help to leave but not enough help to ease their pain. Instead of legalizing euthanasia, why don't we as a nation take the even more compassionate decision to make palliative care universally available? Currently in Canada only 15-30% of Canadians have access to palliative care. How about better mental health care, so desperate people can find hope?

Finally, I feel that using my taxpayer dollars to fund the taking of life is contrary to my conscience. I believe it is morally wrong to take a life, and would not like my tax dollars funding it. I do not want to participate in euthanasia in any way.

I appreciate your attention to my concerns. and respectfully beg that you vote against C-14 at every phase and call on Parliament to bring forward a new piece of legislation that would make assisted suicide and euthanasia illegal.

Respectfully,



Ministerial Correspondence Unit - Justice Canada From: Prime Minister/Premier Ministre <PM@pm.gc.ca> Sent: June 01, 2016 10:17 AM To: Ministerial Correspondence Unit - Justice Canada Cc: Subject: Office of the Prime Minister / Cabinet du Premier ministre Dear On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). Please be assured that your comments have been carefully reviewed. As the issue you have raised will be of particular interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, I have taken the liberty of forwarding your e-mail to her. I am certain that the Minister will wish to give your concerns every consideration. Thank you for writing to the Prime Minister. S. Russell **Executive Correspondence Officer** Agent de correspondance de la haute direction >>> From: Received: 23 May 2016 03:02:12 PM >>> s.19(1) >>> Subject : More Time..... >>>> Dear Right Honourable Justin Trudeau, Prime Minister of Canada I am deeply concerned about the assisted suicide legislation as it is worded and the approaching deadline for a new law.

As a concerned citizen, I am requesting that the Notwithstanding Clause be invoked to allow the government more time to study this most serious matter more in depth and to craft legislation that protects individuals' rights to freedom of conscience and religion. These rights are fundamental to a healthy, vibrant and caring society.

I realize this matter was thrust upon your party by the Canadian courts with a short window of time to review. There is no harm in taking more time, in being prudent to make a decision on this life and death matter. There is a deep sense of anxiety among Canadians about this as we feel threatened and vulnerable.

Who can fault you or your party for taking more time to ensure that a decision is based on wisdom, understanding, knowledge while protecting the lives of Canadians under section 33.

You have been charged with a huge responsibility to consider the needs of all Canadians, including access to palliative care.

Is there any reason why you can't consider the Notwithstanding Clause at this time as the deadline looms so near?

In anticipation of your response, please know that you are in my thoughts and prayers.

s.19(1)

Sincerely

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

June-02-16 8:08 PM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

From:

Sent: June 2, 2016 5:07:44 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I hope you will read my concerns in my email. I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation.

Here are few main issues;

- no one should ever be required to perform a duty against their conscience and/or religious convictions.
- health care or other qualified workers should not be required "to recommend" a procedure that is against their conscience and/or religious convictions
- health care workers should not be required to perform or participate in any activity or procedure that undermines the hippocratic oath
- this should be part of the legislation to ensure that no changes of the hippocratic oath would need to be considered that might limit persons of these types of conscience and/or religious concerns from going into the field in the future.

Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

s.19(1)

From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

June-03-16 2:40 PM

To:

Ministerial Correspondence Unit - Justice Canada

Subject:

FW: Euthenasia and the Supreme Court of Canada - Bill C14 and Beyond (refined)

s.19(1)

From:

Sent: June 3, 2016 2:34 PM

To: MacAulay, Lawrence - M.P.; Wilson-Raybould, Jody - M.P.; Lebouthillier, Diane - Députée; Garneau, Marc - Député; Freeland, Chrystia - M.P.; Mihychuk, MaryAnn - M.P.; Chagger, Bardish - M.P.; Hajdu, Patty - M.P.; Qualtrough, Carla - M.P.; Monsef, Maryam - M.P.

Subject: Euthenasia and the Supreme Court of Canada - Bill C14 and Beyond (refined)

Prime Minister, Ministers, and Members of Parliament,

Euthenasia

Euthenasia as a right is an abomination to any life affirming culture. Define that as the obligation of the State and medical establishment to aid and abet the suicide of a patient on demand, whatever safeguards and limitation supposedly exist. This has nothing to do with a 'right'.

Euthenasia will inevitably impose an obligation of suicide on the patient and murder on the medical profession. It is a conspiracy of criminal homicide inflicted on those most vulnerable and desperate, those who are most prone to suggestion and are of impaired judgement. It forces the medical profession to break their Hippocratic oath (to do no harm) and to kill its patients. It will put enormous duress on them to save 'futile' expense or relieve family and patient 'distress' from a drawn out process of care.

When did all this become a necessity, much less a right. In 2000 years of our civilization we have always had end of life issues. Before the current deplorable state of pessimism, exhaustion and saccharine sentiment infused itself into the vitality our nation terminal illness and final suffering was considered a part of life. In fact, as a redeeming grace, in which the meaning and salvation in life is ultimately forged.

And, especially now, that we are able to manage pain so effectively, this really isn't about compassion at all. It's about money and inconvenience. One can only imagine the guilt one imposes on the family or the medical community or the patient by imposing what is in EVERY religion is a soul destroying mortal sin.

We have moved into a anarchic, unconscionable wilderness where the only purpose of life is the avoidance of pain.

Look at the Netherlands to see where a law enabling euthenasia will go. Pallliative care has almost disappeared, giving the terminally ill no options for dignified care. Comotose patients are routinely euthenized without their written permission, often on some trumped up statement of a 'living will' by a relative who stands to benefit from the death. In Belgium children can be euthenized if their

'caregiver' deems they do not have sufficient 'quality of life'. These are depravities for any culture that values Life.

It will be unsustainable in any kind of static form. It will ultimately move its boundaries to the elimination of all in our culture who have become disposable, inconvenient and expensive. It is the Nazi solution of eliminating useless eaters. This is the nature of Evil, it has no borders or limits to its ambition. You cannot negotiate with it and you cannot contain it.

We have become a culture that has lost its vigour, its divine spark. We are pervaded by, intoxicated with, death. We kill babies in the womb, we will now kill old people and sick people. Our fertility rate, along with the rest of the West, is falling below replacement levels. Without young people the old and the infirm become an intolerable burden.

This is symptomatic of a culture in deep crisis. We deny any supernatural quality to life. Death becomes the only prescription for the avoidance of pain and for inconvenience to others. This is a corrosive agent in any society, a descent into morbidity, which will unravel all social cohesion.

This fits directly in with the championing of abortion and homosexuality as a society that has lost all sense of hope, structure and future. We have transformed the fundamental vessel of life, the family, a civil institution what was once recognized as a sacrament into a grim parody of sacrilege and absurdity. It now conforms to a post structural political convenience, lacking any resemblance to its founding shape and purpose.

All nobility and purpose in life stems from our response to suffering and realization of the transience, preciousness and fragility of life. Monstrous solutions like murdering the dying, will remove all dignity from the end of life. It will be arbitrary and it will produce calamitous and unanticipated consequences. It will become an annihilating engine for the nation. The 'inevitability' and 'evolution' of the post structural ethos, of which this is a part, is a lie. It is not an advance, it is a subsumation into an encroaching darkness, in fact a Dark Age.

Supreme Court of Canada and the Charter

We have become a judicial tyranny The SCOC is composed of juridical and intellectual mediocrities. None more so than our lamentable Chief Justice, Bev MacLaughlin, who combines a frustrated 60s era feminist activism, with an intellect devoid of imagination, independence, common sense or social responsibility. She is a disgrace, unfit for the office.

The Charter as it currently constituted has become a sick joke and a fiasco. The Court answers to no one but a self conceived and self justified notion of its own infallibility. Inevitably it will manifest the hermetically sealed reductive logic of a cult in support of a synthetic credo without any popular resonance, integral reasoning or authentic moral foundation. That fits the legal definition of insanity, unable to discern right from wrong, good from evil.

The Court has become the sole definer of issues that belong in the community or national forums, with profound implications to both, including prostitution, homosexuality, abortion, drugs, euthenasia. It has its jaws in the seamy underbelly of our culture, where everything we once proscribed is now deemed to be a 'right', and more ridiculously a 'freedom' or a 'nature'. An oxymoron in this context as all represent willful enslavement to the most base and trivial of sensual gratifications.

They have developed juridical formula to disassemble the country. That smacks of treason founded in a loss of all sense of patriotic passion. It is rationalized by an all embracing cynicism and self consuming pride. It is consistent with the Court's support of an ideological agenda in direct opposition to the founding values and heritage of this country.

No country has ever disassembled by way of its own laws. Look at history and anyone should realize that the only way to secede from a country is to fight your way out, Civil War, ask the old Confederate States of America. And the Court will not have a thing to say about it. Their rulings will be as discredited as the Dred Scott decision in the Sates.

What kind of jurists do we have on SCOC that would spew out such nonsense. It's a capitulation to speciousness and sloth. The Court is now in a paroxysm by power lust, beneath a thin veneer of legal sophistry. They have unilaterally declared themselves to be the Chief Legislature in Canada that tells Parliament what laws to implement. How gutless is Parliament to put up with this dictatorial junta of unelected, irresponsible ideological hacks, by failing to represent the people of Canada as the final framer of its moral destiny. Parliament IS the Supreme Court of Canada

The Not Withstanding Clause has proven itself an insuffient protection of Parliamentary sovereignty because of cowardice of Parliamentarians to take any kind of stand to defend their institution and their nation.

That puts us in the hands of a tyranny. The Charter has removed the Canadian people from discourse on critical issues, and put it in the realm of arcane legal jargon and court procedure and away from public understanding, oversight or scrutiny. It will move inexorably ever more distant from the consensus of the nation.

The Charter was Pierre Trudeau's biggest blunder. Conceived as a portent of national unity and justice, a protection against capricious measures by legislatures, it has become instead a vehicle to subvert democracy in the interests of a polemical and corrupt juridical hierarchy. It has become an instrument for a gathering persecution of Christian values and championing of a Culture of Death.

We have had a coup by a rabid judiciary, in thrall of radical individualism and moral relativism, that has systematically eradicated all concept of civilizing origins, faith and an eminent domain of social conscience from our cultural makeup. It will clear the path to structural disintegration.

Implications and Solutions

Lord Acton stated that absolute power corrupts absolutely. That is the the state the SCOC is in now. Run by petty ideogues, political hacks, grasping careerists. A Charter of this type, as a judicial instrument, is an anathema to a Parliamentary system which does not have the checks and balances to control it.

The Court has become an untethered beast, that is turning on its masters in the people of Canada. They are coven now, cackling around the cauldron of their own black magic and esoteric gnosticism. It contains a sinister brew composed of nihilism, steeped in arrogance and conceit. They comprise a hecate priesthood, arrogant and elitist, disdainful of ethical sentiments of 'unenlightened' ordinary Canadians. It is a dance with the Devil.

The SCOC are sewing the wind, and Canada will reap the whirlwind with full acquiescence of Parliament. We are entering a dark, turbulent and violent period for our country in terms of social and

moral disorder and cultural disintegration, as Cardinal Thomas Collins, Archbishop of Toronto, has warned.

The Parliament of Canada needs to invoke the Not Withstanding to rein in an out of control judiciary. But this is not enough. We have to realize the the Charter of Rights and Freedoms as a judicial instrument has been an abject failure. It produces an ethos of entitlement where everyone takes and nobody gives.

The Charter has clogged the courts with inane 'victim rights' cases that serve to divide the nation, and play one interest group off against another. It has to be put in the hands of Parliament as it sole trustee. The courts have proven themselves prejudiced and chauvinistic as a defender the national interest.

We also need a Charter of Responsibilities of Citizenship of equal weight to counterbalance an unhinged individualism as the singular governing credo of the nation, free of obligation to community and country.

Parliamentary Performance of the Liberal Government

Justin Trudeau is turning out to be a most shallow follower of political fashions, lacking vision, integrity, or moral sense. He seems incapable of doing anything but drifting on the surface, blown by the winds of transient attitudes and fads, unaware of the deep currents of morality and destiny that propel history. He comes across as a bubblehead doll, pretty to look at, but vacuously bobbing yes to any New Age cause that passes by him, without an ounce of discernment or scepticism

I expect he will be a one term PM. His government is falling into disarray by an appalling lack of leadership. He will leave a most insignificant legacy, noted for his inability to respond to the formidable civil and economic threats which lurk on the horizon.

Justin's administration will be remembered as one of pathos, weakness, gullibility, reaction and extreme convention seeking, formed only of voter demographics, empty 'newspeak and buzzwords' and superficial polls. It corresponds to a vague spiritual ethos devoid of a homogenous principled superstructure. He will be characterized as a 'nice guy', vastly out of his depth, incompetent, and without the grit or character to govern a complex country in dangerous times.

I'm afraid the Liberal government as a whole is proving itself puny and unable to respond or even recognize the immense challenges that the collapse of Western Christian civilization, on which the nation was built, will mean for Canada. Atheism has now become the state sponsored ideology.

The government has no idea that there are moral absolutes and archetypes that are inscribed into and binding on the universe. The cannot be expurgated by the vanity of petty credos, nor can they be dispensed with by arbitrary legislation. There will, however, be savage and tragic consequences to such efforts, for which we will be accountable. We have made Atheism the state sponsored ideology, and left ourselves to the cruel whims of fate.

Fundamental injustice in service of rampant, unanchored, corrupt political agenda will foment a revolution in this country. Poland is dealing with a similar intolerable situation, and is stacking its Constitutional Court to wrest control of the nation back from illegitimate usurpers.

As a final resort, all people have a right to revolt and overthrow a tyrant, as the SCOC has become. The Court, the Charter has undone the integrity and sovereignty of Parliament. We need to find Parliamentarians worthy to represent the highest aspirations of the community they represent, not some dictates of a dissolute ideology.

We seem to have a pretty sad lot representing us now, far more interested in padding their plantinum plated pensions, than in service and sacrifice to their country. Eventually we'll need to find other solutions to prevent social chaos if Parliament will not protect us.

From:

Wilson-Raybould, Jody - M.P. < Jody Wilson-Raybould@parl.gc.ca>

Sent:

June-04-16 6:33 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modified form LTR

From:

Sent: June 4, 2016 3:32:43 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Those who cannot support assisted dying because of their conscience, faith or commitment to the Hippocratic Oath shouldn't be forced to compromise their convictions, either through referral or by doing the procedure. Many people, like me are opposed to legalization.

Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination. In Canada, everyone has the right to their conscience. The coming legalization of physician-assisted dying will put healthcare practitioners and facilities in a compromised position.

Please carefully consider that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

June-05-16 6:56 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: Bill C-14 Needs Conscience Protections

s.19(1)

modified form LTR

From:

Sent: June 5, 2016 3:55:37 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P.

Subject: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

I also do not agree that people suffering from mental illness should be allowed to choose physician assisted suicide as they are not in a mental frame of mind to make such a decision. Also minors should not be allowed to make this decision on their own either. The government should fund counselling and support for these people not pay for them to die prematurely. God gave us the commandment "Thou shall not kill" yet government officials are refusing to follow this commandment and are trying to force God fearing people to participate in this immoral act. No government has the right to force anyone to participate in the act of murder, no matter what terms you try to mask it under! If the government wants all people to have access to physician assisted suicide then they should have a website with a link to physicians and clinics willing to do so instead of physicians who do not approve being required to refer patients. Furthermore, healthcare and palliative care facilities with religious affiliations and/or others that do not support this legislation should not have government funding taken away from them. This law strips all citizens of our freedoms of conscience and

religion. This legislation does not reflect democracy at all. I look forward to your response as to how you will follow through with your responsibility to protect my rights to freedom of conscience and freedom of religion.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

June-05-16 7:08 PM

To: Subject:

Ministerial Correspondence Unit - Justice Canada FW: =1=: Bill C-14 Needs Conscience Protections

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modified form UR

From:

Sent: June 5, 2016 4:07:41 PM (UTC-08:00) Pacific Time (US & Canada)

To: Wilson-Raybould, Jody - M.P.; Philpott, Jane - M.P. **Subject:** =1=: Bill C-14 Needs Conscience Protections

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

If this bill is passed without amendments Canada will be the only country in the world that does not provide legal protections for people who cannot participate in medical assistance in dying because of their moral convictions. It is not good enough to say that the provinces will look after this because there is no guarantee that they will even pass legislation on this topic. Legislation must clearly spell out the protections provided by the Charter of Rights and Freedoms so that caregivers and their organizations will be protected from coercion or discrimination.

It is not necessary to make dedicated physicians and healthcare workers to put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience or to force the closure of facilities that cannot provide medical assistance in dying If these physicians are forced to leave the practice of medicine because of short-sighted policies, then patients like me will be unable to find the kind of doctor that I would like to have. I am also concerned that facilities which cannot morally provide medical assistance in dying will be forced to close should they be required to do so by a provincial government.

Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

I am also concerned that if we drive doctors our of the medical profession or out of the country because they being forced to do things that they do not believe in, our ability to get get medical care in the future could be an issue.

Thank you.

Ministerial Correspondence Unit - Justice Canada

From:

Wilson-Raybould, Jody - M.P. < Jody. Wilson-Raybould@parl.gc.ca>

Sent:

June-06-16 10:01 AM

To: Subject: Ministerial Correspondence Unit - Justice Canada FW: What happens if C-14 doesn't become law today

s.19(1)

From:

Sent: June 6, 2016 9:49 AM **To:** Wilson-Raybould, Jody - M.P.

Subject: What happens if C-14 doesn't become law today

Dear Parliamentarians,

The delicate, complicated, and emotional issue of euthanasia and assisted suicide has aroused many passionate arguments in the House, and around the country. The debate in Parliament so far reveals that there is uncertainty about what will happen with or without the passage of C-14.

Our purpose with this letter is to point you to some helpful documents which clarify the consequences of each option.

Please consider this chart produced by LifeCanada for a detailed comparison of the difference between what the law would look like should C-14 pass or should we default to the Carter Supreme Court case. Note that the chart does not take into consideration recent or future amendments.

However, as of today's deadline with no law yet in place, it is helpful to examine other options that are available to Parliament to ensure this issue that is so important to all Canadians receives adequate attention and debate. We must not aim to meet the deadline with a less-than- adequate solution that results in years of court challenges.

First, if ever there was time for sober second thought on an issue before Parliament it is this - and the Notwithstanding Clause (Section 33 of the Charter of Rights and Freedoms) was created for exactly this type of situation - to give Parliament more time. We have drafted <u>sample legislation</u> to show what this would look like. Not only would this give Parliament time, it would also allow Canada to develop a comprehensive palliative care framework, something that all sides of the issue agree is necessary.

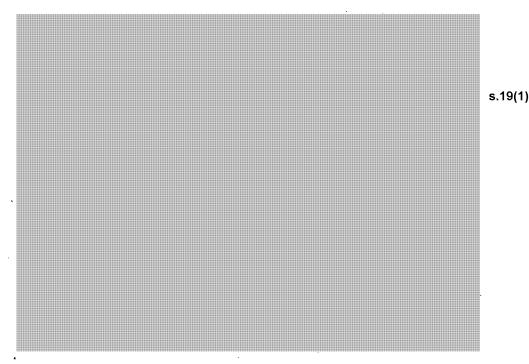
Second, an independent legal analysis conducted by our organization has proven that Parliament can still prohibit all euthanasia and assisted suicide — without invoking the notwithstanding clause — by clarifying in a new law that the purpose of an absolute prohibition goes beyond what the Supreme Court mistakenly concluded. We circulated this legal analysis to every one of you, and beyond. In other words, Parliament can't claim that it has to legalize euthanasia because the Supreme Court told you to do so. You have the constitutional means to continue to protect human life, just as both Parliament and the Supreme Court have consistently upheld prior to the mistake Carter decision. At this stage, this option is the perfect solution to address the Supreme Court's decision on Carter, while buying more time, without allowing a wide-open regime of euthanasia in Canada. It can be found here.

We realize the pressing and weighty nature of this issue, and understand that all of our Parliamentarians are in a difficult position right now as you seek to make responsible choices in voting. Know that we, along with

thousands of others, are praying for you constantly as you go about your work. And we pray that you would stand up for life, the vulnerable, and honour the value of each human being as established in God the Creator, from whom all value emanates.

Please feel free to contact us by reply to this email if you want to discuss this further. We are here to help you. Two of our staff are based in Ottawa and are able to meet to discuss this further.

Thank you for your dedication to our country.



s.19(1)

Dear Minister Wilson-Raybould,

I am writing you today to express my concerns with the legislation your government tabled on Thursday April 14. There should be clear conscience protections for health care workers and facilities in the legislation. Many people, like me are opposed to legalization. It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure.

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Please carefully consider my concerns as these deliberations are conducted. I request that whatever amendments to this legislation are developed respect and protect the vulnerable as well as the conscience rights of Canadian physicians, other health care providers and objecting facilities.

Thank you.

MINISTRE DE LA JUSTIC 2016 JUN - 7 A 8: 0

June 4,5,2016

We, the undersigned, **residents of Canada**, call upon the **Government of Canada** to draft legislation that will include: adequate safeguards for vulnerable Canadians - especially those with mental health challenges, clear conscience protection for health-care workers and institutions, and protection of children and those under 18 from Physician Assisted Suicide.

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June 4, 5, 2016

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le 4,5 juin, 20/6

Nous soussignés, citoyens du Canada, prions le gouvernement du Canada de rédiger un projet de loi qui comprendra : des protections adéquates pour les Canadiens vulnérables, particulièrement pour ceux qui ont des problèmes de santé mentale, la protection de la liberté de conscience pour les professionnels de la santé et les établissements, ainsi qu'une protection pour les enfants et les mineurs de moins de 18 ans contre l'aide médicale au suicide.

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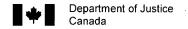
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Ministère de la Justice Canada

Numéro du Dossier/File #:2016-006130 Cote de sécurité/Security Classification: Protected A

TITRE/TITLE: Meeting with the Columbia Civil Liberties Association on Physician-Assisted Dying / Government Response to Carter

SOMMAIRE EXÉCUTIF/EXECUTIVE SUMMARY

- This note provides information and background to prepare you for your meeting on March 29, 2016 with the British Columbia Civil Liberties Association (BCCLA) on physician-assisted dying.
- The BCCLA has been actively involved in this issue: They were a claimant in the *Carter* case, met with the federal External Panel, and made submissions at the Special Joint Committee on Physician-Assisted Dying.
- The BCCLA's position is that physician-assisted dying should be available to all individuals suffering from a grievous and irremediable medical condition, whether or not that condition is terminal. They also support extending eligibility to mature minors, mental illnesses as the sole condition underpinning the request, and advance requests.
- At the meeting, the BCCLA will likely reiterate these positions and preferences for the legal regime going forward. As no bill is expected to be before Parliament at the time of the meeting, it would not be possible to share details of the anticipated legislation.

	s.21(1)(a)
Soumis par (secteur)/Submitted by (Sector): Policy Sector	s.21(1)(b)
Responsable dans l'équipe du SM/Lead in the DM Team:	
Revue dans l'ULM par/Edited in the MLU by:	

Annex 1 includes suggested talking points to assist you at the meeting.

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006130

MEMORANDUM FOR THE MINISTER

Meeting with the British Columbia Civil Liberties Association on Physician-Assisted Dying / Government Response to Carter

ISSUE

The purpose of this note is to provide information and background to prepare for your meeting on March 29, 2016 with the British Columbia Civil Liberties Association (BCCLA) on physician-assisted dying.¹

s.19(1)

BACKGROUND

The	BCCLA represents approximately 1,000 members.	mbers. Executive Director
and	Litigation Director.	······································

The BCCLA was one of the claimants in the *Carter v. Canada* case that culminated in the Supreme Court of Canada (SCC) unanimously declaring that the *Criminal Code* prohibitions against physician-assisted dying (section 14 and paragraph 241(b)) are unconstitutional insofar as they prohibit physician-assisted death for competent adults who: 1) clearly consent to die; and 2) have a grievous and irremediable medical condition (including an illness, disease or disability) that causes them enduring and intolerable suffering. Representatives of the BCCLA appeared before the Special Joint Committee on Physician-Assisted Dying (SJC) on February 1, 2016 and also met with the External Panel on Options for a Legislative Response to Carter v. Canada (External Panel) on October 28, 2015.

BCCLA's Position in Carter v. Canada

In April 2011, the BCCLA, along with Lee Carter and others, filed a civil claim in the Supreme Court of British Columbia seeking a declaration that the *Criminal Code* prohibitions on assisted suicide and homicide do not apply to physician-assisted dying. They argued that:

- The prohibitions cause people who are suffering to have a cruel choice between a protracted or painful death, or ending their own lives earlier than they would like to.
- The prohibitions cause individuals to suffer from the knowledge that they lack the ability to bring a peaceful end to their lives at a time and in a manner of their own choosing.
- There is no ethical difference between physician-assisted dying and other end of life care practices that can shorten life, such as withdrawal of medical treatment.

¹This note and its Annex uses the expression "physician-assisted dying" because it was the term used by the BCCLA in its submissions to the courts in the *Carter* case, the External Panel, and Special Joint Committee.

- There are similarities in terms of the risks associated with physician-assisted dying and other end of life care practices (e.g., risk of being coerced by a family member exists for those who terminate treatment).
- Standard medical informed consent assessments can effectively sort out the strong-willed and self-knowing from the vulnerable or the coerced.
- There is no evidence of abuse or a "slippery slope" in permissive jurisdictions.
- Regulation of physician-assisted dying can adequately reduce risk while enabling mentally competent adults who are grievously and irremediably ill and suffering unbearably to choose the time and manner of their deaths

Therefore, their position in the *Carter* litigation was that physician-assisted dying should be permitted and that vulnerable individuals could be protected from risks through regulation and reliance on standard medical informed consent assessments.

BCCLA's Input into the External Panel's Consultation

The External Panel's Report highlights the following key points raised at the meeting it had with the BCCLA:

- Canadians suffering unbearably at the end of life should have the right to choose a dignified and peaceful death;
- Kay Carter story--about less tangible things than pain management;
- Courts have done government's work for them—leave to provincial health legislative bodies:
- Vulnerable people not at greater risk of physician-assisted dying;
- "Slippery slope" is illusory—no evidence to support it;
- Decision should be between physician and patient;
- No physician under any obligation to perform this service (since 1972); and
- Publicly funded health care system should not be allowed to contract out any services to religious organizations that oppose physician-assisted dying.

The BCCLA also expressed the view that there should be "no barriers erected to qualifying individuals accessing physician-assisted dying," stressing that such barriers might be deemed unconstitutional.

BCCLA's Submissions before the SJC

The BCCLA highlighted the divided jurisdictional nature of physician-assisted dying. It stated that the SCC did not mandate the regulation of physician-assisted dying, and warned that doing so could lead to *Charter* challenges. Their position was that Parliament should amend the *Criminal Code* to permit physician-assisted dying, and leave regulation up to provincial medical regulatory bodies. Physician-assisted dying should be regulated in the same manner as current end-of-life decision-making (though they do not support restricting eligibility to terminal cases), and could be governed by current informed consent laws. The BCCLA also expressed support for extending eligibility to include mature minors, mental illnesses as the sole medical condition underpinning the request, and advance requests for patients who would no longer have capacity at the time of the assisted death. They opposed any prior review mechanism outside the patient and single physician relationship.

CONSIDERATIONS

CONCLUSION

We remain available to answer any questions you may have or provide further information to assist you in preparing for this meeting.

s.21(1)(a)

ANNEXES [1]

s.21(1)(b)

Annex 1: Tall

Talking Points

PREPARED BY

Julie Besner and Jay Potter Counsel Criminal Law Policy Section 613-957-4209/613-853-3274

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Talking Points March 29, 2016 Meeting with BCCLA

- Appreciate the opportunity to meet with the BCCLA to discuss their views regarding a Canadian approach to physician-assisted dying.
- Acknowledge the participation of the BCCLA in the Carter case and subsequent consultations, including the federal External Panel, and the Special Joint Committee hearing on February 1, 2016.
- We respect the Supreme Court of Canada's judgment in Carter and remain committed to developing a thoughtful, compassionate, and well-informed response to the decision.
- Physician-assisted dying raises many difficult issues of great importance to all Canadians. It involves matters of life and death, questions of human dignity and suffering, and respecting patient autonomy while affirming the inherent value and equality of the lives of all Canadians.
- We will be bringing forward our response in the coming weeks and intend to respect the timelines specified by the Supreme Court; we will work to ensure that any federal legislation is in force by June 6, 2016.

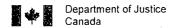
- At this time, I am not able to share any details regarding what the federal legislation may or may not include, as there is currently no bill before Parliament.
- The BCCLA may have a further formal opportunity to provide its perspectives on the federal legislation when it is studied in the House of Commons and/or the Senate this spring.

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21(1)(a), 23

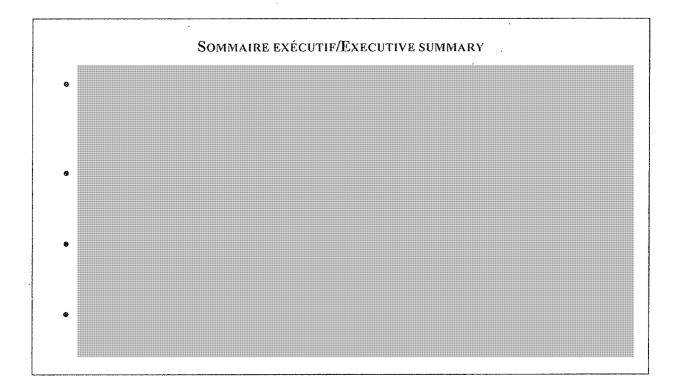
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Ministère de la Justice Canada

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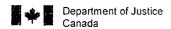
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ISSUE

Ministère de la Justice Canada

s.21(1)(a)

s.23

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2016-014295

MEMORANDUM FOR THE MINISTER

Litigation Planning for the Defence of Bill C-14

BACKGROUND			

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21(1)(a), 23

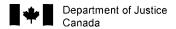
of the Access to Information Act de la Loi sur l'accès à l'information

Conclusion

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s.21(1)(a)

s.23



Ministère de la Justice Canada

s.23

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2016-

MEMORANDUM FOR THE MINISTER

Issue			•
BACKGROUND			

Page 1 of 2 File name

CONSIDERATIONS

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Date : Divulgé(s) e Cote de sécurité : No de CCM,:

PROTÉGÉ 2015-013791

Notes pour la période de questions

AIDE MÉDICALE À MOURIR

QUESTION:

Stratégie gouvernementale pour répondre à l'arrêt Carter c. Canada de la Cour suprême du Canada.

RÉPONSE PROPOSÉE:

- Le 14 avril 2016, le gouvernement a déposé un projet de loi visant à donner suite à l'arrêt Carter.
- Le projet de loi permet l'aide médicale à mourir dans tout le Canada. Il respecte l'autonomie des personnes qui sont affectées de problèmes de santé graves et irrémédiables et qui demandent une aide à mourir, tout en protégeant les personnes vulnérables.
- Le projet de loi prévoit des exemptions à l'égard des médecins, des infirmiers praticiens et d'autres personnes qui fournissent l'aide médicale à mourir à des personnes admissibles. Aider une personne à mourir ou causer la mort d'une personne autrement que dans le cadre de la prestation de l'aide médicale à mourir constituerait encore une infraction criminelle.
- Les critères d'admissibilité prévus par le projet de loi font en sorte que les adultes capables dont la mort est raisonnablement prévisible, compte tenu de leur situation médicale globale, pourront avoir recours à l'aide médicale à mourir, sans qu'un pronostic précis ait été établi. Il s'agit là d'une approche équilibrée et équitable.
- Le projet de loi prévoit des garanties procédurales rigoureuses, et établit le cadre d'un système de surveillance qui sera élaboré par voie réglementaire par le ministre de la Santé, après consultation avec les provinces et les territoires.
- Le gouvernement est déterminé à appuyer le projet de loi au moyen de mesures non législatives, y compris à travailler avec les provinces et territoires à l'élaboration d'un mécanisme visant à aiguiller les patients vers des professionnels consentants tout en respectant la liberté de conscience.

Le projet de loi prévoit la tenue d'un examen parlementaire après cinq ans. Cet examen reposera sur des éléments probants et des données du Canada, y compris sur des études indépendantes commandées par le gouvernement sur des questions non abordées dans le projet de loi, par exemple l'admissibilité des mineurs matures, les demandes anticipées, et les demandes où la maladie mentale est la seule condition médicale invoquée.

Si l'on vous demande des questions sur la décision de la Cour d'appel de l'Alberta dans l'affaire E.F. :

- Je suis au courant de la décision de la Cour d'appel de l'Alberta dans l'affaire E.F., dans laquelle la Cour donne une interprétation large aux paramètres de l'arrêt Carter. Dans d'autres provinces, notamment en Ontario, les tribunaux ont interprété Carter de façon plus stricte.
- En définitive, le projet de loi C-14 sera évalué en fonction de la *Charte*, et non de l'arrêt *Carter*, lequel visait à interpréter un texte législatif différent assorti d'objectifs différents. La Cour d'appel de l'Alberta a reconnu que [Traduction] « les questions qui pourraient se poser quant à l'interprétation et à la constitutionnalité d'un texte législatif éventuel devraient évidemment attendre jusqu'à ce que celui-ci ait été édicté. » (par. 72)
- Le projet de loi C-14 est compatible avec la Charte, et prévoit un régime exhaustif de mesures de sauvegarde et de protection qui n'existera pas s'il n'y a pas de texte législatif en place d'ici le 6 juin.

Si l'on vous demande si le projet de loi respecte la Charte :

- L'affaire Carter visait à déterminer s'il est permis d'imposer une interdiction générale de l'aide à mourir. Elle ne portait pas sur la valeur relative, les risques et les avantages des différents types de régimes d'aide médicale à mourir qui existent dans le monde entier.
- Le projet de loi C-14 fait suite à l'arrêt *Carter* en élaborant un régime qui permet l'aide médicale à mourir dans les situations qui étaient au cœur de cet arrêt.
- La grande majorité des gens qui demandent l'aide médicale à mourir

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sont mourants. La plupart des pays ne permettent en aucune façon l'aide médicale à mourir. Dans la majorité des pays où cette pratique est autorisée, celle-ci est limitée aux personnes dont la mort naturelle est imminente, pour leur assurer une mort douce. Seule une minorité de ces pays l'autorise pour mettre fin aux souffrances d'une personne dont la vie n'est pas menacée.

 L'arrêt Carter exige une réponse du Parlement, mais il ne l'oblige pas à adopter un régime aussi vaste que celui qui existe dans trois pays du monde seulement.

Si l'on vous demande pourquoi le projet de loi ne reflète pas toutes les recommandations du Comité mixte spécial :

- Dans le cadre de l'élaboration du projet de loi, le gouvernement a soigneusement pris en considération le rapport du Comité, les conclusions du Comité externe, du Groupe consultatif provincialterritorial d'experts, les consultations auprès des intervenants et des Canadiens ainsi que l'expérience d'autres pays qui permettent une certaine forme d'aide médicale à mourir.
- Le projet de loi incorpore l'approche générale du Comité à l'égard des garanties procédurales, et le gouvernement est déterminé à procéder à une étude plus poussée des questions soulevées dans le rapport du Comité, qui ne sont pas visées par le projet de loi.

Si l'on vous pose des questions sur la façon dont le projet de loi touche les provinces et territoires :

- Le projet de loi énonce des règles de droit pénal uniformes quant à l'admissibilité à l'aide médicale à mourir et aux garanties procédurales qui doivent être respectées pour que les médecins ou infirmiers praticiens puissent bénéficier d'une exemption de responsabilité pénale. Les provinces ne peuvent changer ces exigences; cependant, elles pourraient choisir de réglementer davantage l'aide médicale à mourir dans des domaines relevant de leur compétence.
- Rien dans le projet de loi ne contraint la province de Québec à modifier sa législation.

Si l'on vous demande pourquoi le projet de loi ne fait pas davantage pour protéger

la liberté de conscience :

- Ni le projet de loi ni le droit pénal n'obligerait un médecin ou une autre personne à participer à la prestation d'une aide médicale à mourir.

 La pondération des droits des fournisseurs de soins médicaux et de ceux des patients constitue généralement une question qui relève de la compétence provinciale-territoriale.
- Le gouvernement continuera de travailler avec les provinces et territoires pour que les patients qui désirent obtenir une aide médicale à mourir soient mis en rapport avec des fournisseurs de soins dans le respect de la liberté de conscience de ces derniers.

Si l'on vous pose des questions sur ce qui arrivera si le projet de loi n'est pas sanctionné d'ici le 6 juin 2016 :

- Notre plan vise à travailler avec tous les parlementaires en vue de respecter l'échéance fixée par la Cour suprême du Canada. Si le projet de loi n'est pas en vigueur d'ici le 6 juin 2016, les paramètres énoncés dans la décision Carter prendront effet.
- La procédure provisoire d'approbation par un tribunal prendra fin le 6 juin, et en l'absence d'un texte législatif en vigueur à cette date, il n'y aurait, à l'extérieur du Québec, aucune mesure de sauvegarde obligatoire ou uniforme en place, ni de cadre juridique pour surveiller la prestation de l'aide à mourir.
- L'incertitude entourant les paramètres de l'arrêt *Carter* persisterait et donnerait vraisemblablement lieu à des décisions contradictoires quant aux personnes jugées admissibles, même parmi les médecins d'une même province ou d'un même territoire.
- Certains médecins pourraient bien ne pas être disposés à offrir une aide médicale à mourir en l'absence d'un cadre législatif.
- Tous ces motifs viennent renforcer la nécessité de mettre en place le projet de loi C-14 d'ici le 6 juin 2016.

CONTEXTE:

Carter c. Canada

Le 6 février 2015, la Cour suprême du Canada (CSC) a déclaré à l'unanimité dans l'arrêt *Carter c. Canada* que l'alinéa 241b) et l'article 14 du *Code criminel* sont inconstitutionnels dans la mesure où ils prohibent à quiconque d'obtenir l'aide d'un médecin pour mourir. L'article 241 du *Code criminel* interdit à quiconque de fournir de l'aide à une personne pour que celle-ci se donne la mort. La pratique de l'euthanasie, qui consiste à mettre fin aux jours d'une autre personne pour des raisons de compassion, est interdite par l'infraction de meurtre. L'article 14 du *Code criminel* dispose que le consentement d'une personne à ce que la mort lui soit infligée n'atteint pas la responsabilité pénale d'une personne par qui la mort peut être infligée à celui qui a donné ce consentement. Ces dispositions ont pour effet d'empêcher tant les médecins que toute autre personne à apporter leur aide aux personnes qui souhaitent mourir.

La CSC a déclaré inconstitutionnelles les dispositions applicables du *Code criminel* dans la mesure où elles privent un adulte capable de demander l'aide d'un médecin pour mourir dans le cas où 1) la personne touchée consent à mettre fin à ses jours, et 2) la personne est affectée de problèmes de santé graves et irrémédiables (y compris une affection, une maladie ou un handicap) lui causant des souffrances persistantes qui lui sont intolérables. La prise d'effet de la déclaration d'invalidité a été suspendue pour 12 mois par la CSC, c.-à-d. jusqu'au 6 février 2016. Le 3 décembre 2015, le ministre de la Justice et procureur général du Canada a saisi la CSC d'une requête sollicitant la prorogation de six mois de la suspension de la prise d'effet de la déclaration d'invalidité prononcée dans l'arrêt *Carter*, soit jusqu'au 6 août 2016.

Le 15 janvier 2016, la CSC a accueilli en partie la requête du Canada et a consenti à proroger de quatre mois la suspension de la prise d'effet de la déclaration d'invalidité prononcée dans l'arrêt *Carter*, soit jusqu'au 6 juin 2016. L'alinéa 241b) et l'article 14 du *Code criminel* demeureront donc en vigueur jusqu'à cette date. La CSC a soustrait le Québec à la prorogation et accordé une exemption à ceux qui souhaitent exercer leurs droits, de sorte qu'ils pourront s'adresser à la cour supérieure de leur province ou territoire pour solliciter une ordonnance qui respecte les critères énoncés dans le pourvoi original.

Le 11 décembre 2015, la Chambre des Communes et le Sénat ont adopté des motions pour la création d'un Comité spécial mixte sur l'aide médicale à mourir chargé d'examiner le rapport du Comité (fédéral) externe et d'autres activités de consultation et études récentes et pertinentes sur le sujet, de consulter la population canadienne, les experts et les intervenants et de formuler des recommandations sur le cadre d'intervention fédéral.

Le 14 décembre 2015, le rapport du Groupe consultatif provincial-territorial d'experts sur l'aide médicale à mourir a été publié. Le 15 décembre 2015, le Comité (fédéral) externe a présenté son rapport au ministre de la Santé et au ministre de la Justice, lequel a été publié le 18 janvier 2016.

Le 25 février 2016, le Comité spécial mixte sur l'aide médicale à mourir a présenté au Sénat et à la Chambre des Communes son rapport intitulé *L'aide médicale à mourir : une approche centrée sur le patient*. Depuis le 18 janvier 2016, le comité multipartite, composé de députés et de sénateurs, a siégé pendant dix jours, tenu 14 réunions, entendu 61 témoins et reçu plus 100 mémoires. Son rapport comporte une opinion majoritaire (celle des députés et sénateurs libéraux et néodémocrates) et une opinion minoritaire (celle des députés conservateurs), ainsi qu'une opinion minoritaire supplémentaire (celle des députés néodémocrates) concernant les soins palliatifs.

Le projet de loi du gouvernement

Le 11 avril 2016, le gouvernement a présenté son projet de loi intitulé *Loi modifiant le Code criminel et apportant des modifications connexes à d'autres lois (aide médicale à mourir)*.

Le projet de loi prévoit la remise en vigueur les dispositions en cause dans l'arrêt *Carter* (l'article 14 et l'alinéa 241b)), mais crée des exemptions qui permettront aux médecins et aux infirmiers praticiens de fournir l'aide médicale à mourir. Les exemptions s'appliqueront également aux pharmaciens ainsi qu'à d'autres personnes afin qu'ils puissent leur porter assistance à cette occasion.

Le projet de loi précise les critères d'admissibilité, lesquels sont les suivants :

- 1. La personne doit être âgée d'au moins dix-huit ans et capable de prendre des décisions en ce qui concerne sa santé;
- 2. Elle doit être affectée de problèmes de santé graves et irrémédiables qui, selon la définition prévue au projet de loi, doivent répondre aux conditions suivantes :
 - a) Elle est atteinte d'une maladie, d'une affection ou d'un handicap graves et incurables;
 - b) Sa situation médicale se caractérise par un déclin avancé et irréversible de ses capacités;
 - c) Sa maladie, son affection, son handicap ou le déclin avancé et irréversible de ses capacités lui cause des souffrances physiques ou psychologiques persistantes qui lui sont intolérables et qui ne peuvent être apaisées dans des conditions qu'elle juge acceptables;
 - d) Sa mort naturelle est devenue raisonnablement prévisible compte tenu de l'ensemble de sa situation médicale, sans pour autant qu'un pronostic ait été établi quant à son espérance de vie.
- 3. Elle doit faire une demande d'aide médicale à mourir de manière volontaire, notamment sans pressions extérieures;
- 4. Elle doit consentir de manière éclairée à recevoir l'aide médicale à mourir;
- 5. Elle doit être admissible à des soins de santé financés par l'État au Canada, en d'autres termes il ne peut s'agir d'un visiteur étranger.

Le projet de loi prévoit également des mesures de sauvegarde d'ordre procédural qui exigent que la demande d'aide médicale à mourir soit faite par écrit et que celle-ci soit datée et signée par le patient devant deux témoins indépendants et qu'au moins deux médecins ou infirmiers praticiens, aussi indépendants l'un de l'autre et de la personne qui présente la demande, confirment que les critères d'admissibilité ont été respectés. Le projet de loi exige en outre une période de réflexion de quinze jours entre le jour de la demande et celui où l'aide médicale à mourir est fournie, bien que cette période puisse être plus courte dans le cas où la mort de la personne ou la perte de sa capacité est imminente.

Le projet de loi modifie la *Loi sur les pensions*, la *Loi sur les mesures de réinsertion et d'indemnisation des militaires et vétérans des Forces canadiennes* afin de garantir que l'aide médicale à mourir n'entraînera pas la perte d'une pension et d'une prestation de survivant dans le cas où un militaire ou un vétéran des Forces canadiennes reçoit l'aide médicale à mourir. Le projet de loi modifie aussi la *Loi sur le système correctionnel et la mise en liberté sous condition* afin que ne s'applique pas l'obligation de faire une enquête distincte dans le cas où le décès du détenu résulte du fait qu'il a reçu l'aide médicale à mourir.

Le projet de loi prévoit un examen parlementaire de ses dispositions cinq ans après son entrée en vigueur.

Mesures non législatives

Après l'adoption du projet de loi, le gouvernement exigerait que trois études indépendantes soient effectuées concernant les questions relatives à l'admissibilité qui n'ont pas été traitées dans la législation (mineurs matures, demandes anticipées et santé mentale comme seule condition invoquée dans une demande). Le gouvernement travaillerait également avec les provinces et les territoires afin d'améliorer les soins palliatifs au moyen de l'Accord sur les soins de santé du Canada, en veillant à ce que l'aide médicale à mourir soit traitée aussi uniformément que possible dans l'ensemble du Canada et en élaborant des mécanismes pour aider à lier les patients aux professionnels consentants afin de faciliter l'accès tout en respectant la liberté de conscience.

Loi du Québec concernant les soins de fin de vie

Le 5 juin 2014, l'Assemblée nationale du Québec a adopté le projet de loi 52, la *Loi concernant les soins* de fin de vie. Parmi les mesures qu'elle prévoit, la loi autorise l'« aide médicale à mourir » qui est définie comme l'administration par un médecin de médicaments ou de substances à une personne, à la demande de celle-ci, entraînant son décès, c.-à-d. l'euthanasie volontaire.

Le 22 décembre 2015, dans l'affaire *D'Amico*, la Cour d'appel du Québec a confirmé la validité de la législation québécoise en vigueur depuis le 10 décembre 2015. La Cour a infirmé la décision de la Cour supérieure concluant que la loi québécoise est inopérante en vertu de la doctrine de la prépondérance. Elle a conclu que la doctrine de la prépondérance ne s'applique que pour résoudre un conflit entre une loi fédérale valide et une loi provinciale valide et, même si la CSC a suspendu sa déclaration d'invalidité, la loi fédérale n'est pas vraiment « valide » puisqu'elle a été déclarée inopérante dans l'affaire *Carter*.

Histoire parlementaire sur la question de l'euthanasie et de l'aide au suicide

Au cours des vingt dernières années, le Parlement s'est penché à diverses reprises sur la question du suicide assisté par un médecin et sur l'euthanasie, par le truchement de projets de loi et de motions d'initiative parlementaire et d'études réalisées par des comités du Sénat. Chaque fois, le Parlement a rejeté la décriminalisation de l'aide médicale à mourir.

Au cours de la dernière législature, le projet de loi privé S-225 du Sénat présenté le 2 décembre 2014 par la sénatrice Nancy Ruth (Conservateur) a été débattu en deuxième lecture. Il aurait modifié le Code criminel pour permettre l'assistance au suicide et l'euthanasie dans certaines circonstances

PERSONNE-RESSOURCE:			
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2015-008045

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Question Period Note

MEDICAL ASSISTANCE IN DYING

ISSUE:

Government strategy for responding to the Supreme Court of Canada decision in Carter v. Canada.

PROPOSED RESPONSE:

- On April 14, 2016, the Government introduced proposed legislation that would respond to the *Carter* decision.
- The Bill would permit medical assistance in dying across Canada. It
 would respect the autonomy of persons suffering from a grievous and
 irremediable medical condition to seek assisted dying, while protecting
 vulnerable persons.
- The Bill would provide exemptions for physicians, nurse practitioners, and other persons who give assistance in the process of providing medical assistance in dying to eligible persons. It would remain a crime to assist a person to die or cause a person's death in situations other than lawful medical assistance in dying.
- The eligibility criteria in the Bill ensure that medical assistance in dying would be a choice for competent adults whose deaths have become reasonably foreseeable, based on all of their medical circumstances, but without requiring a specific prognosis. This is a balanced and fair approach.
- The Bill includes robust procedural safeguards, as well as the framework for a monitoring system that will be developed by the Minister of Health in regulations, following consultations with the provinces and territories.
- The Government is committed to supporting the Bill with non-legislative responses, including working with the provinces and territories on a mechanism to connect patients with willing providers while respecting conscience rights.

• The Bill provides for parliamentary review after five years. The review would be informed by Canadian evidence and data, including independent studies the Government will commission into issues not addressed in the Bill, such as eligibility for mature minors, advance requests, and requests where psychiatric illnesses are the sole medical condition present.

If pressed on whether the Bill complies with the Charter:

 The Bill responds to the circumstances that were at issue in the Carter case, and I am satisfied that it complies with the Charter of Rights and Freedoms.

If pressed on whether the Government will refer its forthcoming Bill to the Supreme Court of Canada for a reference:

- This issue addresses very complex issues, which we believe Parliament needs to debate and decide.
- Our priority at this time is to ensure that a Bill is passed by Parliament by June 6, 2016, in order to respect the timeline set out by the Supreme Court of Canada in its decision from January of this year.
- It is premature to be talking about references to the Supreme Court when
 Parliament has not yet even decided what the law should be.

If pressed on why the Bill does not adopt all of the Special Joint Committee's recommendations:

- In developing the Bill, the Government carefully considered the Committee's report, as well as the findings from the External Panel, Provincial-Territorial Expert Advisory Group, consultations with stakeholders and Canadians, and the experiences of other countries who have permitted some form of medical assistance in dying.
- The Bill incorporates the Committee's general approach to procedural safeguards, and the Government is committed to further studying issues from the Committee's report that are not included in this Bill.

If asked about how the Bill would affect the provinces and territories:

- The Bill sets out consistent criminal law rules regarding who is eligible for medical assistance in dying and the safeguards that must be respected for medical or nurse practitioners to be exempted from criminal responsibility. Provinces cannot change these requirements, but could choose to further regulate medical assistance in dying under their areas of jurisdiction.
- Nothing in the Bill compels the province of Quebec to amend its legislation.

If pressed about why the Bill does do more to protect conscience rights?

- Nothing in the Bill or the criminal law would require a physician or other
 person to participate in medical assistance in dying. Balancing the rights
 of medical providers and patients is generally a matter of provincialterritorial responsibility.
- The Government will continue to work with the provinces and territories to connect patients with willing providers while respecting conscience rights.

If pressed regarding what happens if the Bill does not receive Royal Assent by June 6, 2016:

 Our plan is to work with all Parliamentarians to respect the Supreme Court's deadline. If the Bill is not in force by June 6, 2016, the parameters of the Carter decision will take effect.

BACKGROUND:

Carter v. Canada

On February 6, 2015, in *Carter v. Canada*, the Supreme Court of Canada (SCC) unanimously declared that paragraph 241(*b*) and section 14 of the *Criminal Code* are unconstitutional to the extent they prohibit physician-assisted death. Section 241 of the *Criminal Code* prohibits a person from providing assistance to another person to commit suicide. The practice of euthanasia, which is ending another person's life for reasons of mercy or compassion, is prohibited by the offence of murder. Section 14 of the *Criminal Code* states that a person's consent to die does not affect the criminal liability of a person charged with inflicting their death. These provisions operate to prohibit physicians, as well as non-physicians, from assisting people who wish to die.

The SCC found the relevant provisions of the *Criminal Code* unconstitutional to the extent they prohibit physician-assisted death for a competent adult person who 1) consents to the termination of life and 2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual. The SCC suspended its declaration of invalidity for one year, i.e., until February 6, 2016. On December 3, 2015, the Minister of Justice and Attorney General of Canada filed a motion in the SCC to extend the suspension of the declaration of invalidity in the *Carter* case for six months, to August 6, 2016.

On January 15, 2016, the SCC granted Canada's motion in part and agreed to extend the suspension of its declaration of invalidity in Carter for four months, until June 6, 2016. Therefore, paragraph 241(b) and section 14 of the *Criminal Code* remain in force until then. The SCC exempted Quebec from the extension and granted an exemption to those who wish to access their rights so that they may apply to the superior court of their jurisdiction for relief in accordance with the criteria set out in the first *Carter* decision.

On December 11, 2015, the House of Commons and the Senate adopted motions establishing a Special Joint Committee to review the report of the federal External Panel and other recent relevant consultation activities and studies, to consult with Canadians, experts and stakeholders, and make recommendations on the framework of a federal response.

On December 14, 2015, the provincial-territorial Expert Advisory Group report on physician-assisted dying was made public. On December 15, 2015, the federal External Panel provided its report to the Minister of Health and the Minister of Justice, which was publicly released on January 18, 2016.

On February 25, 2016, the Special Joint Committee on Physician-Assisted Dying tabled its report in the Senate and the House of Commons, *Medical Assistance in Dying: A Patient-Centred Approach*. Since January 18, 2016, the all-party Committee, consisting of members of Parliament and Senators, sat for 10 days, held 14 meetings, heard from 61 witnesses and received over 100 briefs. Its report include a majority opinion (adopted by Liberal and NDP MPs and Senators), as well as a minority opinion (by Conservative MPs), and a minority supplementary opinion (by NDP MPs) in relation to palliative care.

The Government's Proposed Legislation

On April 14, 2016, the Government introduced its Bill, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

The Bill would re-enact the provisions at issue in the *Carter* case (sections 14 and 241(b)), but would create exemptions to permit physicians and nurse practitioners to provide medical assistance in dying. It would also extend exemptions for pharmacists and other persons to provide assistance in the process.

The Bill specifies five eligibility criteria, including:

- The person must be at least 18 years old and competent to make decisions with respect to their health:
- 2. The person must have a grievous and irremediable medical condition, which is defined in the Bill as having all of the following characteristics:
 - a) A serious and incurable illness, disease or disability;
 - b) The person is in an advanced state of irreversible decline in capability;
 - c) The illness, disease, or disability or state of decline causes the person enduring physical or psychological suffering that is intolerable to them and that cannot be relieved in a manner that the person considers acceptable to them;
 - d) The person's natural death has become reasonably foreseeable due to all of their medical circumstances, without requiring that a prognosis has been made as to the length of time that they have remaining.
- 3. The person must have made a voluntary request for medical assistance in dying that in particular was not made as a result of external pressure;
- 4. The person must give informed consent to receive medical assistance in dying; and
- 5. The person must be eligible for health services funded by a government in Canada, in other words, they cannot be a foreign visitor to Canada.

The Bill also includes procedural safeguards that require the request for medical assistance in dying be in writing, signed and dated by the patient, be witnessed by two independent persons, and that at least two physicians or nurse practitioners who are also independent of each other and the person confirm that the eligibility criteria have been met. The Bill would also require a 15 day reflection period between the request and the provision of medical assistance in dying, though this could be abbreviated if the person's death or loss of capacity became imminent.

The Bill would amend the *Pension Act* and *Canadian Forces Members and Veterans Re-establishment and Compensation Act* to ensure there would be no loss of survivor benefits or pensions should a Forces member or Veteran receive medical assistance in dying. The Bill would also amend the *Corrections and Conditional Release Act* to remove the requirement that there be a separate investigation into the death of an inmate who receives medical assistance in dying.

The Bill would provide for a Parliamentary review of its provisions in five years following its coming into force.

Non-legislative responses

After the Bill is passed, the Government would commission the study of three eligibility issues that were not addressed in the legislation (mature minors, advance requests, and mental illness as the sole basis for a request). The Government would also work with the provinces and territories to improve palliative care through the Canada Health Accord, ensure medical assistance in dying is treated as consistently as possible across Canada, and develop a mechanism to help connect willing providers to patients to facilitate access while respecting conscience rights.

Quebec Act respecting end-of-life care

On June 5, 2014, the National Assembly of Quebec passed Bill 52, *An Act respecting end-of-life care*. Among other measures, the Act authorizes "medical aid in dying" which is defined as a physician causing a patient's death at their request, i.e. voluntary euthanasia.

On December 22, 2015, Quebec's Court of Appeal decision in *D'Amico* confirmed the validity of Quebec's legislation, in force since December 10, 2015. The Court overturned the Superior Court's finding that Quebec's law is inoperative under the doctrine of paramountcy. It found that paramountcy only applies to resolve a conflict between a valid federal law and a valid provincial law and that, although the SCC suspended its declaration of invalidity, the federal law is not really "valid" since it was declared inoperative in *Carter*.

Parliamentary history on the issue of euthanasia and assisted suicide

Physician-assisted suicide and euthanasia have been considered by Parliament on a number of occasions over the past 20 years, through Private Members' Bills and motions, and Senate Committee studies. On each occasion, Parliament rejected decriminalization of physician participation in causing patient death.

In the last Parliament, Private Senate Bill S-225 was introduced on December 2, 2014, by Senator Nancy Ruth (Conservative), and was debated at Second Reading. It would have amended the *Criminal Code* to permit assisted suicide and euthanasia in certain circumstances.

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What can you do to express your concernsustice

Please tell legislators how you feel about the legislation of doctor-assisted suicide in Canada.

Urge your elected representatives

- 1. to protect the vulnerable, and
- 2. to ensure that individuals and institutions can provide healthcare without having to compromise their moral convictions.

Please address your letter to:

MINISTER OF JUSTICE

The Honourable Jody Wilson-Raybould

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Sample Letter to Legislators 16 A 8: UU

Feel free to use this sample letter but personalize it wherever possible

Dear Minister Wilson-Raybould

I am concerned abut the protection of vulnerable people in society as well as conscience rights for Canadian physicians who refuse to participate in assisted suicide/euthanasia. While I am opposed to any form of assisted suicide, I recognize the government must prepare legislation on this issue following a recent Supreme Court decision.

I am concerned that the recommendations of the Commons-Senate Committee on Physician Assisted Death do not adequately protect doctors' conscience rights. A referral for assisted suicide, even to a third party, is a form of participation. I am also troubled by the recommendation that publicly funded facilities should not be allowed to opt out of providing physician assisted suicide in their facilities. Many of these are faith-based facilities that have provide exceptional care for decades.

Why are we not providing greater support for these people, and access to palliative care for all Canadians?

I believe that the Canadian Charter of Rights and Freedoms protects Canadian citizens from being forced by the state to act against their moral or religious convictions. There are certainly alternative ways to respect the patient's request without compelling dedicated physicians to face professional disciplinary action simply because they wish to follow their conscience or withdrawing funding from facilities who cannot provide doctor assisted suicide because of their organizational moral convictions.

Unless the conscientious objections of physicians and organizations against providing this service is protected in legislation, it could result in physicians being forced out of practice or closure of some institutions—a reality that will effect many more Canadians in need of health care.

Please carefully consider my concerns as these policy deliberations are conducted. I request that whatever legislation is developed respects and protects the vulnerable as well as the conscience rights of Canadian

The Honourable Judy Wallson i Raybord Bustie End Bollong Genoral of Caral 2 284 Wellong ton 5t, Ottaway Ontaroo KIADH8

Pages 1227 to / à 1240 are withheld pursuant to section sont retenues en vertu de l'article

21(1)(a)

of the Access to Information Act de la Loi sur l'accès à l'information

Qs & As

Medical Assistance in Dying Bill

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A - CARTER v. CANADA

Q1 What did the Supreme Court of Canada Carter ruling hold?

In *Carter v. Canada* (released on February 6, 2015), the Supreme Court of Canada held that the criminal law prohibitions against physician-assisted dying limited the rights to life, liberty and security of the person under section 7 of the *Canadian Charter of Rights and Freedoms* in a manner that was not demonstrably justified under section 1 of the *Charter*. The *Criminal Code* provisions at issue were section 241(b), which prohibits a person to aid another person to die by suicide, and section 14, which provides that no person may consent to death being inflicted on them.

The Court initially suspended its declaration of invalidity to February 6, 2016 and, on January 15, 2016, agreed to extend its suspension order to June 6, 2016. At the same time, the Court permitted individuals to seek court approval for medical assistance in dying (medical assistance in dying) in the interim period, until June 6, 2016.

B - CONTENTS OF THE BILL

Q1 Why has the government introduced legislation on medical assistance in dying?

Since the Supreme Court of Canada's decision in *Carter* meant that medical assistance in dying would become legal in Canada, it was the responsibility of the government to put forward clear rules around who is eligible to obtain medical assistance in dying, what safeguards must be followed to ensure that vulnerable individuals are protected, and to create a monitoring regime to ensure accountability, transparency, and public trust in the system. Federal legislation also ensures a consistent approach to medical assistance in dying across Canada.

Additionally, the Government has committed to working with provinces and territories to explore options to support access for patients who want access to medical assistance in dying in a manner that supports the personal convictions of health care providers. The Government has also committed to working with the provinces and territories to improve palliative care during discussions on a new health accord.

Q2 What does the Bill do?

The Bill responds to the Supreme Court of Canada decision in the *Carter* case. Specifically, it proposes to amend the *Criminal Code* to enable individuals to obtain medical assistance in dying across the country. It also proposes to amend other federal statutes to ensure that people who choose medical assistance in dying do not experience negative consequences for that choice. It also provides for a parliamentary review of the legislation in 5 years' time. Following amendments from the House of Commons Standing Committee on Justice and Human Rights, the Bill also mandates independent reviews of the issues of mature minors, advance requests and requests where mental illness is the sole underlying medical condition.

Q3 Why are we calling this regime "medical assistance in dying"?

The term "medical assistance in dying" is meant to clarify several important points. First, assistance in dying is only legally permitted in a medical context. Second, using the word "medical" as opposed to the more commonly used term "physician" indicates that nurse practitioners, in addition to physicians, can provide medical assistance in dying. Third, the words "in dying" suggest that eligibility is limited to patients who are nearing a natural death, without requiring a specific life expectancy or prognosis.

Q4 What do the amendments to the Criminal Code do?

The amendments to the Code exempt medical assistance in dying from the application of the criminal law offences when it is provided in accordance with the specified rules. Those rules set out **who** is eligible for medical assistance in dying and what **safeguards** must be applied. Physicians and nurse practitioners would be permitted to provide medical assistance in dying, and other persons would be able to help them in this process.

The amendments would also include the building blocks for a system to monitor how medical assistance in dying is applied across Canada. It would also create several offences for misconduct in relation to the provision of medical assistance in dying and its documentation.

Q5 Why are section 14 and subsection 241(b) being re-enacted?

The affected sections of the *Criminal Code* were found to be unconstitutional by the Supreme Court of Canada, and we interpret the ruling to mean that these sections have been struck down in their entirety. They are being re-enacted to ensure that it continues to be a crime to help a person end their own life or to cause a person's death, even if they consent, except where all the requirements for medical assistance in dying are complied with.

Q6 What amendments were brought to the version at first reading of Bill C-14 the House of Commons Standing Committee on Justice and Human Rights?

The House of Commons Committee on Justice and Human Rights made a number of amendments to Bill C-14 in response to what stakeholders have said. Certain amendments targeted the issue of conscience protection. The preamble was amended to reiterate that everyone has <u>freedom of conscience and religion</u> under section 2 of the *Canadian Charter of Rights and Freedoms*, and that nothing in the Bill affects this guarantee. Further, subsection 241.2(9) was added to the Bill to indicate that nothing in that section compels an individual to assist in or to provide medical assistance in dying.

The preamble was also amended to reflect the government's commitment to work with provinces, territories and civil society to facilitate access to <u>palliative and end-of-life care</u>, services for individuals with Alzheimer's and dementia, mental health supports and services, and to culturally appropriate end-of-life care for Indigenous patients. In addition, while Bill C-14 already provided for a review of its provisions after five years, article 10(2) of the Bill was amended to require that the review also report on the state of palliative care in Canada.

Subsection 241(5.1) was added to clarify that it is not an offence for a healthcare professional to <u>provide information</u> to a person about the lawful provision of medical assistance in dying. In providing truly informed consent, patients must be provided with all the relevant information about medical assistance in dying. Healthcare practitioners should not be reluctant to provide this information for fear that they would committing a criminal offence in doing so.

The <u>waiting period</u> between the day on which a request is signed and the day on which the assistance is provided was reduced from 15 to 10 days. The requirement that medical or nurse practitioners not be in a business relationship in order to be considered "independent" was removed given the difficulties this could pose in communities where large numbers of healthcare providers work in the same practice group.

A new section was added for persons who have <u>difficulty communicating</u>, requiring the medical or nurse practitioner to take all necessary measures to provide the patient with a means to understand the information that is provided, and to communicate their decision. Further, while the Bill already contemplated the possibility of having someone sign on the requesting person's behalf when they are unable to do so, an amendment clarified that this must be done under the person's express direction.

In relation to the framework for a monitoring regime, an amendment was made so that regulations can include the collection of information from <u>coroners and medical examiners</u>. Also, the Minister of Health can establish guidelines, in cooperation with provinces and territories, about the information to be included on death certificates.

Finally, section 9.1 was added to the Bill to reflect a clear commitment to undertake <u>independent reviews</u> of the more difficult issues of requests by mature minors, advance requests and requests where mental illness is the sole underlying medical condition. These independent reviews are to take place no later than six months after Bill C-14 passes.

C - MEDICALLY-ASSISTED SUICIDE AND EUTHANASIA

Q1 Isn't medical assistance in dying contrary to the principles of equal and inherent dignity of every person?

Canadians have diverse opinions on issues like human dignity, and different views on the appropriate balance between individual rights and community or societal obligations and shared commitments. We have listened to Canadians with a variety of views and we believe that we have struck the best balance on behalf of everyone.

Q2 What form or forms of medical assistance in dying will be permitted?

The amendments will allow two types of medical assistance in dying: (1) where a physician or nurse practitioner directly administers a substance that causes the death of the person who has requested it - commonly called euthanasia; and (2) where a physician or nurse practitioner giving or prescribing to a person a substance that they can self-administer to cause their own death - commonly known as physician-(or medically-) assisted suicide.

Why is medical assistance in dying defined to include two separate things? Is there really a difference?

Under the criminal law, it is one crime to intentionally cause someone else's death, and a separate crime to help a person cause their own death. These two different crimes correspond to the two types of medical assistance in dying; in one case, the practitioner takes the actions that cause the patient's death, and in the other, the patient can cause their death, with the help of a practitioner who has given them the substance they would self-administer.

Q4 Will the proposed legislation let people choose whether they want euthanasia or assisted suicide?

The proposed legislation includes exemptions that would allow medical practitioners to provide both forms of medical assistance in dying, but it does not address how decisions are made about which form would be provided. The provinces and territories, or medical colleges, may address the different forms of medical assistance in dying in more detail under their jurisdiction over health services delivery and the practice of medicine.

D - ELIGIBILITY

Q1 What are the criteria for a person to be eligible for medical assistance in dying?

There are five required criteria that a person must meet to be eligible for medical assistance in dying:

- 1. The person must be at least 18 years old and competent to make decisions with respect to their health;
- 2. The person must have a grievous and irremediable medical condition, which is defined in the Bill as having all of the following characteristics:
 - a) A serious and incurable illness, disease or disability;
 - b) The person is in an advanced state of irreversible decline in capability;
 - c) The illness, disease, or disability or state of decline causes the person enduring physical or psychological suffering that is intolerable to them and that cannot be relieved in a manner that the person considers acceptable to them;
 - d) The person's natural death has become reasonably foreseeable due to all of their medical circumstances, without requiring that a prognosis has been made as to the length of time that they have remaining.
- 3. The person must have made a voluntary request for medical assistance in dying that in particular was not made as a result of external pressure;
- 4. The person must give informed consent to receive medical assistance in dying; and
- 5. The person must be eligible for health services funded by a government in Canada, in other words, they cannot be a foreign visitor to Canada.

What does the eligibility criterion requiring that the patient's "death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining" mean exactly?

This criterion reflects the intended purpose of medical assistance in dying: to give competent adults who are suffering unbearably while in decline on a path towards death the choice of a peaceful, medically-assisted death.

As every person's trajectory toward the end of life is unique, this criterion is carefully crafted to provide maximum flexibility to medical practitioners and nurse practitioners when assessing the overall medical circumstances of a patient.

The criterion requiring that the person's "natural death has become reasonably foreseeable, taking into account all of their medical circumstances," clearly indicates that the expected cause of death does not have to be a fatal or terminal condition. Rather, all of the person's medical circumstances must be taken into account to determine whether "a natural death has become reasonably foreseeable." Existing medical standards and guidelines on prognostic indicators point to various factors which can contribute to a patient being assessed as "approaching the end of life," including the presence of an advanced, progressive and incurable disease, but also of other factors such as age, the general frailty of the patient, and risks of death from complications of other conditions

that may not be fatal on their own, but which can jeopardize the life of someone who is otherwise weakened, for example age, frailty, a compromised immune system, medical complications, ineffective treatments and the interaction of multiple conditions.

It also provides maximum flexibility in terms of the length of time during which a person can seek a medically-assisted death; as long as a person's natural death is reasonably foreseeable in a period of time that is not too remote, they would be able to request assistance. It permits eligibility not only to those with fatal diseases that progress rapidly and linearly (e.g., prognosis of 6 months or less), but also to those with conditions that deteriorate unpredictably, or over a longer period of time, and also to those in circumstances where no single condition is leading to death, but where multiple conditions create circumstances that make death foreseeable over a period of time that is not too remote (could be up to 2 or 3 years, depending on the circumstances).

By contrast, the medical community has indicated that "grievous" and "irremediable" are not familiar medical terms. Doctors may disagree with each other on what these terms mean, which could result in an inconsistent application of such a standard across the country, or even within the same hospital. Also, the lack of certainty or clarity around the meaning of these terms could cause some practitioners, who would otherwise be willing to provide assistance, to decline to do so out of fear that they could be criminally charged or prosecuted if someone disagreed with their interpretation of what they mean in any particular case.

Q3 Why is this regime restricted to individuals approaching death?

We explored all possible approaches to eligibility and considered the views of the full range of stakeholders and experts, and we listened to Canadians. In our view, at this time, not enough is known about risks and benefits of medical assistance in dying in circumstances where people are not nearing the end of their lives. We believe that there is strong support at this time, in Canadian society and amongst medical professionals, to provide the option of medical assistance in dying to patients who are nearing the end of their lives.

The proposed approach to eligibility strikes the best balance between recognizing the autonomy of those who are suffering unbearably in the time leading to their deaths on the one hand, and protecting vulnerable individuals and broader societal interests on the other.

Q4 Why is there a requirement for the person to be in an advanced state of irreversible decline?

The requirement that the patient be in an advanced state of irreversible decline, when combined with the requirements that death be reasonably foreseeable and that the person be suffering intolerably, ensures that medical assistance in dying is available to those who are in irreversible decline towards death, even if that death is not anticipated in the short term. A diagnosis of a fatal illness alone, while the person is experiencing full function,

would not meet the eligibility criteria. This approach to eligibility gives individuals who are in decline toward death the autonomy to choose a peaceful death rather than having to suffer a slow, painful, frightening or undignified one.

Q5 Does the person have to be dying from a fatal disease to be eligible?

No. For example, a person who is dying from one condition, is in a state of decline due to another condition, and is suffering unbearably from a third condition, would still be eligible to receive medical assistance in dying.

Q6 Does psychological suffering meet the test for eligibility?

Yes. A person must be suffering unbearably as a result of their medical circumstances, and both physical pain and psychological suffering can ground a request for medical assistance in dying. However, a patient must still meet all of the other eligibility criteria.

Q7 Why is the proposed law only available to adults?

The courts in *Carter* did not consider any evidence in relation to the maturity of minors to make such a significant decision. The trial judge in *Carter* found that, to the degree that there was a societal consensus on eligibility for medical assistance in dying, it was limited to mentally competent adults, and the Supreme Court's ruling in *Carter* was also limited to adults.

We have committed to undertaking a study of the unique legal, medical and ethical issues related to allowing mature minors to access medical assistance in dying. The majority of jurisdictions that permit medical assistance in dying do not allow minors to access it. A number of stakeholder have expressed concern about providing eligibility to mature minors at this stage, without more study, including the Canadian Paediatric Society.

There is now a clear commitment in Bill C-14 to undertake, within six months of passing the Bill, an independent review of issues relating to requests from mature minors for medical assistance in dying.

Q8 What are some examples of situations where a person would be eligible?

Examples of eligible patients under the new medical assistance in dying regime would include: patients at a later stage of a degenerative disease (e.g., amyotrophic lateral sclerosis (ALS) such as in the *Carter* case, multiple sclerosis, Huntington's), patients dying from a terminal cancer, patients with late-stage HIV/AIDS whose death is reasonably foreseeable, and quadriplegic persons who develop life-threatening medical complications.

Q9 What are some examples of situations where a person would not be eligible?

Patients who are incompetent to make medical decisions, or minors (under 18 years of age) would not be eligible under this legislation. Patients who are not on a path toward a

natural death would also not be eligible, nor would patients who are not suffering intolerably due to their medical condition. Also, people who are not eligible for publicly funded health services in Canada, for example a U.S. resident, would not be able to receive medical aid in dying in Canada.

Q10 What is "informed consent"?

Informed consent is a medical term that means that a person has consented to a particular medical treatment after having been given all of the information they need to make that health care decision. Information that is necessary to be provided includes their diagnosis, their prognosis, available forms of treatment and the benefits and side-effects of those treatments. It also requires that the person be mentally competent or "capable", i.e., that they be able to understand the relevant information and the consequences of their choices.

Q11 What does "mentally competent" or "capable" mean?

A person is mentally competent when they have the capacity to understand the nature and consequences of their actions and choices, including decisions related to medical care and treatments.

Q12 Do patients have to be mentally competent at the time that medical assistance in dying would be provided?

Yes. Just before the physician or nurse practitioner can provide medical assistance in dying – whether in the form of administering, providing or prescribing a lethal substance - they must confirm with the patient that they are still sure that this is what they want. It is very important that the patient be able to withdraw their consent for medical assistance in dying at any time.

Q13 Can individuals suffering from a mental illness request medical assistance in dying?

Nothing in the law excludes a person who has a mental illness from requesting and receiving medical assistance in dying, as long as they meet all the requirements of eligibility. However, if a person suffers only from a mental illness and their death is not reasonably foreseeable, they would not meet all of the eligibility criteria. Following an amendment brought by the Standing Committee on Justice and Human Rights, there is now a clear commitment in Bill C-14 to undertake, within six months of passing the Bill, an independent review of special considerations related to requests for assistance in dying by people who suffer only from mental illness and who are not nearing the end of their lives.

Q14 There was a story in Quebec about a man who was eligible for medical assistance in dying except for the fact that he was not "at end of life", so he started a hunger strike and after 58 days was found to be "at end of life" and did receive assistance. Would this situation arise under the proposed federal legislation?

The proposed criminal legislation would require that the person's "natural death" to be reasonably foreseeable. The medical professionals would need to determine, on the facts of each case, whether that criterion is met.

Q15 Why is it important to ensure that requests are voluntary?

Everyone agrees that a request for medical assistance in dying must be initiated by the patient him or herself. It would not be appropriate for one person to ask a physician to provide medical assistance in dying to someone else, or to pressure a person into asking for it. The requirement that the request be "voluntary" is another way of saying that the person who would receive medical assistance in dying must decide to request it for themselves, without any pressure from any other person. The Supreme Court found that the right to choose medical assistance in dying belongs only to the competent adult who would receive it. This is also necessary to protect vulnerable people.

Q16 What does "eligible for health services funded by a government in Canada" mean?

This criterion is included to prevent foreigners or visitors from coming to Canada to obtain medical assistance in dying. However, this does not mean that provinces and territories must cover the costs of health services related to medical assistance in dying, as that is a decision within their jurisdiction to make.

Q17 People have said that under Bill C-14, medical assistance in dying is only available to people who are terminally ill. What does "terminally ill" mean?

The eligibility criteria proposed in Bill C-14 do not include the words "terminally ill" and do not restrict access to patients who have "a terminal illness."

The phrase "terminally ill" does not have a single, clear definition, but it is often understood to mean either that a person is dying from a fatal disease, or that a person is expected to die within a short period of time.

The criterion requiring that the person's "natural death has become reasonably foreseeable, taking into account all of their medical circumstances," clearly indicates that the expected cause of death does not have to be a fatal condition. Rather, all of the person's medical circumstances must be taken into account to determine whether "a natural death has become reasonably foreseeable", for example age, frailty, a compromised immune system, medical complications, ineffective treatments and the interaction of multiple conditions.

Furthermore, Bill C-14 explicitly states that a prognosis does not have to have been made as to the specific length a time that a person has remaining.

Why does Bill C-14 require there to be an "incurable" condition, when the Supreme Court of Canada did not require it in the *Carter* ruling?

"Incurable" means "irremediable" and is more plain language.

The *Carter* ruling from the Supreme Court found that people with a "grievous and irremediable" medical condition could have access to medical assistance in dying. The standard dictionary definition of "irremediable" is "not able to be repaired or corrected", "not able to be remedied; incurable or irreparable." The medical conditions of both Gloria Taylor and Kay Carter, and all the other witnesses in the case, were incurable.

Every law around the world that permits some form of medical assistance in dying require either the presence of an incurable condition, or a medical condition that is "medically futile" or "without prospect of improvement," which are similar concepts to "incurable." Medical professionals are best placed to determine when a condition is incurable, and under Bill C-14, this determination would be up to them.

The Court did acknowledge that a person need not undertake treatment they find unacceptable. Nothing in Bill C-14 requires a person to undertake a treatment they find acceptable either. In fact it would be the crime of assault to force a person to undertake treatment that they refused.

Q19 Why was it necessary in Bill C-14 to define the term "grievous and irremediable medical condition"?

The expression "grievous and irremediable medical condition" is not a medical term and has no standard meaning among healthcare professionals. Without defining what this term means, there would be significant uncertainty and inconsistency in how eligibility for medical assistance in dying is applied by medical and nurse practitioners.

Even people in very similar medical circumstances could be treated differently, based on what conditions their own practitioner subjectively believes would qualify as "grievous and irremediable." An absence of guidance could also lead some physicians or nurse practitioners who might otherwise be willing to provide medical assistance in dying not to do so, out of fear that if they could face criminal charges if it is later found that their interpretation of "grievous and irremediable" is inconsistent with the legal meaning of that term.

The Vice President of the Canadian Medical Association has commented that "grievous and irremediable" is far more subjective and open to interpretation than Bill C-14's criterion of "natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining." Therefore, by defining and explaining

what a "grievous and irremediable medical condition" is, Bill C-14's provides sufficient guidance to medical and nurse practitioners to help achieve consistency in clinical practice. It reflects the government's policy choice to make medical assistance in dying available to patients in declines or on a path toward death.

Q20 Would Kay Carter be eligible under Bill C-14 criteria?

Kay Carter – was approximately 88 or 89 years old when she received assisted suicide, and she suffered from severe spinal stenosis.

Bill C-14 criteria for "grievous and irremediable medical condition":

- 1. **She had a serious and incurable illness, disease or disability:** she suffered from very severe spinal stenosis (a thinning of the spaces in the vertebral column which, is not fatal but in an elderly person can be life-threatening); AND
- 2. She could be said to have been in an advanced state of irreversible decline: She was confined to a wheelchair and unable to feed herself or tend to her daily needs without assistance; AND
- 3. She suffered enduring physical or psychological suffering that was intolerable to her: She/her family spoke of her experience of suffering that could not be relieved in a manner acceptable to her; AND
- 4. Her natural death had become reasonably foreseeable taking into account all of her medical circumstances: The combination of her age and physical condition could be found by a medical or nurse practitioner to be such that her death was reasonably foreseeable in the not too distant future, even though a specific prognosis might not be possible to provide.

Why doesn't the proposed legislation permit requests by mature minors, advance requests or where the medical condition is a mental illness?

The proposed legislation responds to the *Carter* decision that focused on competent adults with a grievous and irremediable medical condition that causes enduring and intolerable suffering. Requests by mature minors, advance requests or where mental illness is the sole underlying medical condition for the request were not contemplated in Court's decision or the evidence before it.

Q22 Why does the legislation deny a person the ability to make an advance request for medical assistance in dying?

The *Carter* ruling was limited to mentally competent adults who clearly consent at the time that medical assistance in dying would be provided. There was no evidence before the Court regarding the unique considerations of such requests, such as the fact that a person who cannot communicate their wishes would not have the ability to withdraw consent if they changed their mind, or how medical practitioners might respond to such cases.

However, in recognition of these difficult circumstances, the legislation <u>does</u> permit the reflection period of 10 days – originally set at 15 but reduced to 10 days by the House of Commons Justice and Human Rights Committee – to be shortened if it appears to both medical practitioners that the person's loss of capacity is imminent.

The Government is aware that some Canadians and Parliamentarians would like to see access to medical assistance in dying by way of advance requests. However, there are clear risks associated with the fact that, at the time when the person has lost their mental competence, which is when their life would be ended in accordance with the advance request, the medical practitioner or nurse practitioner would not be able to assess their suffering, or their consent. The person will have, in effect, lost the ability to withdraw their consent to die. The Canadian Alzheimer's Society, in its testimony before the Special Joint Committee, expressed concern over the risks to vulnerable individuals in this respect. The Canadian Medical Association has also expressed concern over the medical community's ability to act on these advanced, and has indicated that implementing advance requests is already complex even in the best of circumstances.

There is now a clear commitment in Bill C-14 to undertake, within six months of passing the Bill, an independent review of issues relating to advance requests for medical assistance in dying. This issue requires more time, study, and consultation before we can move forward.

Q23 Why does the legislation not allow a person with a mental illness to seek medical assistance in dying?

A person suffering from a mental illness could seek medical assistance in dying, as long as they meet all the eligibility criteria.

The *Carter* ruling was not about individuals who suffered from mental illness. In fact, the Supreme Court indicated at paragraph 111 that this type of situation was outside of the parameters of its reasons.

The safeguards in Bill C-14 were designed to address the risks associated with individuals who are in decline toward death. Numerous experts in mental health such as the Mental Health Commission of Canada, the Center for Addiction and Mental Health, and the Canadian Psychiatric Association, have expressed concerns about medical assistance in dying for individuals suffering solely from mental illness, and the need for more study of this issue.

This issue raises unique considerations and the Government has committed to studying it further, and it can be debated in Parliament as it considers the Bill. There is now a clear commitment in Bill C-14 to undertake, within six months of passing the Bill, an independent review of issues relating to requests from individuals suffering solely from mental illness for medical assistance in dying.

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Q24 If Bill C-14 did not limit eligibility to people whose death is reasonably foreseeable, what types of cases would likely be eligible to medical assistance in dying in Canada?

Bill C-14 is about giving Canadians who are on a path towards death the choice of a peaceful passing; it is not about ending all types of suffering in life.

Some have said that any person suffering intolerably from a serious medical condition should have society's support to help them die.

In the few jurisdictions where people can receive help to die when they are not approaching death, individuals have been given this assistance under a wide and diverse range of circumstances: a transgendered person who was suffering psychologically after a failed sex change surgery; middle-aged deaf twins who were told they were going to go blind; an anorexic woman who was a survivor of sexual abuse at the hands of her psychiatrist; individuals suffering from grief at the loss of loved ones or persons who were tired of living.

If the law in Canada allowed broad access to medical assistance in dying as has been suggested by some stakeholders, we should not be surprised if similar cases to those that have occurred in Belgium and the Netherlands also occur here, nor should we be surprised if individuals in the following circumstances seek and receive help to die: a soldier with post-traumatic stress disorder; a young person who suffered a spinal cord injury in an accident; a person who was bullied and developed anxiety and depression; a transgendered person who experienced years of discrimination and violence; or a residential school survivor whose mind is haunted by memories of sexual abuse.

These cases were not before the Court in *Carter* and we do not believe that the Court intended to constitutionalize a regime where such persons should be assisted to die.

In this debate, proponents of broader eligibility have not explained how these troubling cases should be addressed or whether they should be eligible.

As Canadians, we believe that the autonomy of those who are on a path toward death and who wish to have a medically-assisted can be respected, with adequate protection for vulnerable individuals and for the interests of society as a whole. But we also believe that a compassionate response to serious suffering in life is to help people live better lives, not help them die. Bill C-14 reflects the type of society we all aspire to live in.

E - EXEMPTION FROM LIABILITY FOR MEDICAL PROFESSIONALS AND OTHERS

What do medical professionals need to do to ensure they are acting within the law when they provide medical assistance in dying?

Physicians and authorized nurse practitioners will not face criminal liability if they provide medical assistance in dying to an eligible patient and in compliance with the safeguards set out in the *Criminal Code*. They must also ensure they comply with any applicable provincial or territorial laws, rules and policies.

Q2 Will all physicians and nurse practitioners who act in "good faith" be protected from criminal liability?

The notion of "good faith" is most often equated with honesty. The criminal law has a concept similar to "good faith". A person should not be found guilty of a crime if they have a reasonable but mistaken belief about a fact that, if it were true, would make their conduct innocent. This common law principle is built into the medical assistance in dying regime. For example, if a physician honestly believes that a patient is 18 years old or that their state of decline is irreversible, and other reasonable practitioners would have formed the same belief, they would still be entitled to the medical assistance in dying exemption even if they later learned they were mistaken.

Q3 Why is there a specific exemption for nurse practitioners?

Canada's federal framework on medical assistance in dying needs to take into account some factors that are specific to our country, such as Canada's vast territory which is mostly comprised of remote and rural areas. From coast to coast to coast, nurse practitioners provide a full range of high quality health services in remote and rural parts of the country given the lack of physicians in these regions. According to the Canadian Nurses Association, "there has been a long tradition of serving the primary health care needs of the 9 million people living in rural and remote communities with advanced practice nurses". This number represents a quarter of the Canadian population.

This is one of the reasons why Bill C-14 provides exemptions for both physicians and nurse practitioners to be able to provide medical assistance in dying. Nurse practitioners are registered nurses with additional education and experience who are authorized under provincial or territorial regulations to perform certain acts usually reserved to physicians. In the context of medical assistance in dying, an authorized nurse practitioner could be assessing patients, ordering and interpreting diagnostic tests, diagnosing conditions as set out in the eligibility criteria, and performing specific procedures required to administer medical assistance in dying.

Exempting nurse practitioners from criminal liability would provide provinces and territories with an additional option to facilitate access to medical assistance in dying in underserved areas. Accordingly, any nurse practitioner whose provincial or territorial

laws, and professional rules and standards, allow them to provide medical assistance in dying would be able to do so without fear of criminal sanction.

Q4 Do nurse practitioners have the same qualifications as physicians?

Nurse practitioners are registered nurses with additional education and experience who are authorized under provincial or territorial regulations to perform certain acts usually reserved to physicians. In the context of medical assistance in dying, an authorized nurse practitioner could be assessing patients, ordering and interpreting diagnostic tests, diagnosing conditions as set out in the eligibility criteria, and performing specific procedures required to administer medical assistance in dying.

Q5 Why is there a specific exemption for pharmacists?

There is a specific exemption for pharmacists that applies where the patient has obtained a prescription that the pharmacist must fill. In this situation, the pharmacist delivers the drugs directly to the patient (or someone on their behalf) and so is closely connected to the patient receiving a substance that they could use to end their life. A specific exemption has been created for pharmacists to provide certainty and clarity as to what they are permitted to do.

Q6 Why are there so many different exemptions?

There are several reasons for this. First, medical assistance in dying can involve two different crimes - depending on whether death is caused by the actions of the patient themselves or by the medical practitioner. Second, different exemptions are needed not just for those who personally commit the acts that would otherwise be criminal, but also for those who help them. Third, additional exemptions are needed in the context of self-administered medical assistance in dying, because other people can play a role in helping the person self-administer the drugs, including long after the physician or nurse practitioner prescribed the substance. Without an exemption, these acts would be criminal.

Q7 What would medical professionals need to do to ensure they are acting within the law when they provide medical assistance in dying?

Physicians and authorized nurse practitioners would not face criminal liability if they provided medical assistance in dying to an eligible patient and in compliance with the safeguards set out in the *Criminal Code*. They would also need to ensure that they comply with any applicable provincial or territorial laws, rules and policies.

Will family members and private caregivers be able to help a patient self-administer drugs that have received from a physician for the purposes of medical assistance in dying?

Yes. Where a patient chooses to self-administer the substance that would cause their death, they may be helped to do so, as long as the decision to self-administer the

substance was theirs, and they take the last action necessary to self-administer the substance. For example, a family member could bring the substance to the patient and could hold a cup of water to their mouths so they can swallow it.

Q9 Would other health providers who could be part of the process of assessing a medical assistance in dying request also be protected from liability?

Yes. Everyone who acts for the purpose of helping a physician or authorized nurse practitioner provide medical assistance in dying, in accordance with the applicable criminal rules, and any applicable provincial or territorial laws, standards or rules, would be protected from criminal liability. This could include social workers who are asked to assist in evaluating the voluntariness of a patient request, hospital lawyers who are asked to verify compliance with the medical assistance in dying safeguards, nurses aiding providers in delivering the procedure, and pharmacists who fill the prescriptions.

F - SAFEGUARDS AND THE MEDICAL ASSISTANCE IN DYING PROCESS

Q1 What safeguards are included in the legislation?

Safeguards in the Bill include the following:

- A request for medical assistance in dying must be in writing by the patient or by their designated proxy if the patient cannot write, and witnessed by two independent witnesses;
- A physician or nurse practitioner must be of the opinion that the patient is eligible to receive medical assistance in dying;
- A second physician or nurse practitioner must provide a written opinion confirming the patient is eligible to receive medical assistance in dying;
- The physician or nurse practitioner providing medical assistance in dying and the physician or nurse practitioner giving the second opinion must be independent of each other and of the patient;
- Following the request for medical assistance in dying, a mandatory reflection period of at least 10 days (as amended by the Standing Committee on Justice and Human Rights) must occur between the day the written request is signed until the day medical assistance in dying is provided, unless death or the patient's loss of capacity is imminent;
- A patient requesting medical assistance in dying may rescind their request at any time;
- Immediately before providing medical assistance in dying, the physician or nurse practitioner must give the patient the opportunity to withdraw their request and ensure the patient gives express consent to receive medical assistance in dying; and,
- Where patients have difficulty communicating, the medical or nurse practitioner must provide a reliable means by which the patient can understand the information and communicate their decision.

Q2 Why is it required that the request be in writing?

Requiring a written request serves several purposes, just as it does for other important decisions that must be put in writing. It underscores the seriousness of the decision, it helps avoid confusion and uncertainty, and it provides evidence that could help protect those who participate from any allegations that they behaved improperly. The legislation also ensures that where the patient can't write or sign, someone can do so on their behalf.

Q3 What is an "independent witness"?

An independent witness is a person at least 18 years old who understands the nature of the request for medical assistance in dying. They must also not be a beneficiary under the patient's will or otherwise benefit from their death. Persons responsible for the patient's personal care, the health care treatment team and those responsible for any facility where the patient resides or is being treated, would also not be considered independent.

witnesses. A family member can witness a patient's request if none of these circumstances apply to them.

Q4 Why is it required that the request be witnessed by two independent witnesses?

The requirement for independent witnesses is a safeguard intended to ensure that requests for medical assistance in dying are truly voluntary, reflect the wishes of the patient, and not made as a result of external pressure or coercion. It also serves to re-enforce the serious nature of the decision being made, as many other important documents must be witnessed by independent persons. Without such a safeguard, it would be possible for a person to receive medical assistance in dying with the only witnesses being the medical practitioners who carried out the procedure. In such a situation, it would be very difficult to verify whether the person's request for medical assistance in dying was truly their own decision. The involvement of independent witnesses who have nothing to gain from the person's death and who have not been involved in the person's treatment also provides an important element of transparency to the process.

Q5 Why is a second medical opinion required?

A second medical opinion helps ensure that a patient does not seek medical assistance in dying as a result of a misdiagnosis or other error that could be corrected. It also helps reassure the practitioner who will provide medical assistance in dying that he or she is acting within the scope of the law and consistent with reasonable medical knowledge and skill. Finally, it will give Canadians confidence that checks and balances are in place, and will minimize the chance of abuse.

Q6 What is an "independent physician" or "independent nurse practitioner"?

Physicians and nurse practitioners must assess requests for medical assistance in dying individually and without influence. Requiring them to be independent of each other and of the patient ensures that they exercise objective independent judgement in assessing whether a patient is eligible for medical assistance in dying. An independent physician or nurse practitioner is someone who is not: in a mentorship or supervision relationship with the second doctor or nurse practitioner; a beneficiary under the will of the patient; or, connected to the situation in any other way that may affect his or her objectivity when assessing the patient's request for medical assistance in dying.

Q7 What happens if a doctor or nurse practitioner tells a patient that they are not eligible?

Nothing in the criminal law prevents a patient from getting another opinion. Provinces and territories could decide to address issues around what is sometimes called "doctor-shopping", as a matter of health law.

Q8 Is there a specific form a patient must complete to make a request?

No, the proposed legislation will not require the use of any specific form to request medical assistance in dying. Provinces and territories may decide to create a special form for the patient to request medical assistance in dying under their health jurisdiction.

Q9 Could a physician or nurse practitioner who provides information about medical assistance in dying to a patient be charged with a criminal offence?

It would not be a crime for a physician or nurse practitioner, or anyone else, to provide information about the lawful manner of requesting and obtaining medical assistance in dying. In fact, it will be necessary for physicians and nurse practitioners to discuss the process as part of the process when obtaining informed consent from the patient. An amendment from the Standing Committee on Justice and Human Rights has added a provision clarifying that no healthcare professional commits an offence if they provide information to a patient on medical assistance in dying.

However, it will remain a crime to provide a person with information that would enable them to take direct action to end their life, such as where to find certain deadly chemicals that could be ingested to cause death, and to encourage or counsel a person that they should end their life.

G-MONITORING SYSTEM

Q1 Why is it important to monitor medical assistance in dying?

Monitoring would be critical for transparency and public accountability of medical assistance in dying, as well as to evaluate whether the law is achieving its goals of respecting autonomy for eligible persons to choose medical assistance in dying, while protecting vulnerable persons and the conscience rights of health care practitioners. Monitoring would ensure that high-quality, comparable Canadian data is generated so that any future discussions about changes to the medical assistance in dying system could be made based on the best possible evidence. Monitoring would help Canadians understand, for example, the number of requests for medical assistance in dying (approved and not approved), demographic information about the persons who request medical assistance in dying, whether there are regional differences in how medical assistance in dying is being carried out across Canada, the types of medical conditions that motivate requests, and whether the procedural safeguards in the law are working as intended.

Nearly all jurisdictions that permit a form of medical assistance in dying have established monitoring systems for these purposes.

The proposed legislation empowers the Minister of Health to make regulations about the information to be collected and the processes for collecting it and reporting on it.

The Government would work with provinces and territories in developing these regulations and in establishing an interim system until a permanent process is in place.

Q2 What kind of system will there be for monitoring medical assistance in dying?

The Minister of Health will be developing regulations with the cooperation of the provinces and territories and other experts. These regulations will address the kinds of information to be provided, the body that will analyze the information, and how often reports will be published, for example.

Q3 Will there be monitoring of medical assistance in dying in the interim before the Minister's regulations are put in place?

Health Canada will work collaboratively with the provinces and territories on a protocol for the collection of medical assistance in dying data in the interim while the permanent system is developed.

Q4 The regulation-making power for monitoring says that the regulations will specify the person who will be collecting the data. Will it really be a single person?

Under the *Criminal Code*, "person" is defined to include her Majesty, as well as "organizations", which is also a defined term that includes both corporate and

unincorporated bodies. The Minister of Health, in consultation with provinces and territories and others, will determine which individual or entity should be tasked with monitoring.

Q5 Won't there be duplication of oversight mechanisms such as monitoring in Quebec, as it has its own Commission on End of Life Care that is monitoring medical assistance in dying?

The regulations on monitoring will be developed by the Minister of Health in consultation with Provinces and Territories, including Quebec. Issues of duplication or administrative burden can be addressed during those discussions.

H - OTHER NON-LEGISLATIVE MEASURES

Q1 Is anything else being done other than the legislation?

The Government has committed to working with provinces and territories to coordinate end-of-life care for patients who want access to medical assistance in dying in a manner that supports the personal convictions of health care providers. The Government has committed to working with the provinces and territories to improve palliative care during discussions on a new Health Accord.

When will the federal government mandate the independent studies of other issues, such as requests by mature minors, advance requests and requests when mental illness is the sole underlying medical condition?

Following an amendment by the Standing Committee on Justice and Human Rights, Bill C-14 now includes a firm commitment to undertake independent reviews, no later than six months after the Bill is passed, on the issues of requests by mature minors, advance requests and requests when mental illness is the sole underlying medical condition. This will enable the development of the approach to these studies, and the studies themselves, to be informed by the considerations and perspectives that will be expressed during the Parliamentary study of the Bill.

Q3 Will Parliament study this issue further?

Yes, the legislation contains a requirement for a parliamentary review, by one or more committees, in 5 years. Further following an amendment from the Standing Committee on Justice and Human Rights, the review will expressly target both the provisions of the Bill and the state of palliative care in Canada.

I - OFFENCES IN RELATION TO MEDICAL ASSISTANCE IN DYING SAFEGUARDS AND DOCUMENTS

Q1 Why is there an offence for failing to comply with safeguards?

The safeguards are intended to ensure that medical assistance in dying will be provided only to eligible patients who clearly and voluntarily request it, and who are capable of appreciating the consequences of their decisions. However, a breach of safeguards will be more or less significant depending on the precise circumstances and consequences of the breach. In a case where the impact of the breach was less significant, the new offence will give the police and Crown prosecutors an alternative to charging the very serious offences of murder or aiding a person to die by suicide.

Q2 What is the purpose of the offence of forging relevant documents?

Certain medical assistance in dying documents have legal significance, and their integrity must be protected. The patient's written request, for instance, is a necessary requirement for them to access medical assistance in dying. If any relevant part of a medical assistance in dying document contains false information, this could have ramifications for a patient's access, on the assessment of their eligibility for medical assistance in dying, or on the ability of the physician or nurse practitioner's claim for an exemption from criminal liability. An offence of falsifying medical assistance in dying documents will discourage and deter this serious conduct.

Q3 What is the purpose of the offence of destroying documents?

Certain medical assistance in dying documents have legal significance, and their integrity must be protected. The patient's written request, for instance, is a necessary requirement for them to access medical assistance in dying. The second opinion is also critical to the medical assistance in dying provider's legal immunity. It will be an offence for any person to destroy any medical assistance in dying document with the intent to block someone's access to medical assistance in dying, or to harm a medical assistance in dying provider's ability to claim their exemption. The term "document" is defined in the *Criminal Code* in such a way that it clearly includes all manner of electronic documents.

J - CONFIDENTIALITY / PRIVACY

Would it be possible to obtain a publication ban on confidential medical information of a patient if there was a prosecution against a participating medical professional?

Yes, under section 486.5 of the *Criminal Code*, a court can order a publication ban on any information that could identify a victim if the judge is satisfied that it is necessary for the proper administration of justice. This test is equivalent to what Superior Courts are currently using to protect the privacy of persons who are requesting individual constitutional exemptions to obtain medical assistance in dying, in accordance with the January 2016 decision of the Supreme Court of Canada in *Carter*.

Q2 Will the body that is eventually tasked with monitoring be required to keep the information private?

Yes, whichever body is tasked with collecting information for monitoring purposes, the Minister of Health will ensure that the regulations or other existing laws will properly govern the handling and disclosure of personal information.

Q3 Isn't it a violation of a person's privacy to require them to have their request for medical assistance in dying witnessed by two other people?

Given the very important interests at stake, a requirement that a request for medical assistance in dying be witnessed by two independent individuals is reasonable in the circumstances, even when the fulfilment of that requirement may incidentally compel the patient to reveal private information. Such a requirement is also consistent with our legal practices and traditions when signing documents of such significance.

K - IMPACT ON QUEBEC LAW AND PROVINCIAL / TERRITORIAL ISSUES

Q1 How is the proposed legislation similar to or different from Quebec's law?

Under the proposed criminal law, practitioners would be able to provide both assisted suicide and euthanasia, whereas Quebec's health law only permits euthanasia. The proposed eligibility criteria are similar to those of Quebec, but there are some small differences. For instance, under the criminal law, the intolerable suffering must be caused by the person's medical condition, which is not a strict requirement under Quebec's law. Also, in Quebec the law requires the patient to be "at the end of life," whereas under the proposed legislation, this would be expressed as death having become "reasonably foreseeable".

The safeguards are similar in requiring two physician to confirm eligibility and a written request, but there are also some small differences: e.g., Quebec does not require two independent witnesses to the request; Quebec law requires several discussions spaced out over a reasonable period of time whereas the proposed legislation would require 10 day reflection period that could be reduced in certain circumstances.

Quebec's law is not inconsistent with the proposed legislation; therefore Quebec would not have to amend its law to accord with the proposed legislation. Provinces and territories can legislate with respect to aspects of medical assistance in dying under their jurisdiction, such as whether any special training is needed to provide medical assistance in dying, specific forms to be used, and how the cause of death should be recorded in the case of medical assistance in dying. However, they could not modify the *Criminal Code* requirements through their own legislation in such a manner as to make lawful something that is not permitted under the criminal law.

Q2 Will Quebec be required to amend its law?

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Nothing in the proposed legislation would compel Quebec to amend its law. Quebec will have to consider how to respond.

Q3 Was Quebec's leadership on medical assistance in dying recognized when developing the federal legislation?

Quebec's legislation on medical assistance in dying was the end result of a significant amount of study, consultation and deliberation that commenced with the creation of the Select Committee on Dying with Dignity in late 2009, and resulted in the coming into force of *An Act Respecting End-of-Life Care* on December 10, 2015. Quebec's vast experience and leadership on this issue has been carefully studied and recognized throughout the development of the federal response to *Carter*.

Q4 How will the regime interact with provincial legislation and jurisdiction?

Parliament has exclusive jurisdiction over the criminal law, including exemptions from otherwise applicable offences. In the case of medical assistance in dying, the proposed legislation sets out who is eligible to receive medical assistance in dying, and what safeguards must be applied, for medical practitioners to be protected from criminal responsibility.

Provinces and territories cannot modify the *Criminal Code* requirements through their own legislation in such a manner as to make lawful something that is not permitted under the criminal law. However, they can legislate with respect to other aspects of medical assistance in dying under their jurisdiction such as whether any special training is needed to provide medical assistance in dying, specific forms to be used, and how the cause of death should be recorded in such cases.

Provinces and Territories could add restrictions related to medical services through legislation or regulation. They can also address the responsibilities of medical providers. Depending on what any such law might do, it could be challenged as violating *Charter* rights. Whether or not provinces or territories pass laws or regulations on medical assistance in dying, once Bill C-14 is passed (or once the *Carter* decision takes effect) the criminal law would no longer prevent eligible patients from accessing medical assistance in dying.

At the moment, only Quebec has specific legislation in place.

Q5 Will the federal regime impose obligations on the provinces and territories that could have cost implications?

Nothing in the proposed amendments has cost implications for the provinces and territories. There will be legal obligations on those individuals who participate in medical assistance in dying to provide information to a body for the purposes of monitoring the application of medical assistance in dying in Canada, but this would not generate costs for provincial and territorial governments.

Q6 Can PTs limit access to medical assistance in dying?

Provinces and territories can enact legislation under their jurisdiction over the delivery of health. Depending on what any such measures do, such provincial or territorial laws could be challenged under the *Charter*.

Q7 Why does the Bill only refer to the "provinces" and not also the territories?

The federal *Interpretation Act* provides that in every federal enactment, the word "province" also means the three territories.

L - COMPARISON TO FOREIGN MEDICAL ASSISTANCE IN DYING LAWS

Q1 Is medical assistance in dying available elsewhere in the world?

Some form of medical assistance in dying is regulated under legislation in 4 US States (Oregon, Washington, Vermont and California), in Colombia, and in 3 European countries (Belgium, the Netherlands, and Luxembourg, i.e., "Benelux"). There are similarities and differences between which form of medical assistance in dying is allowed, who is eligible, and the procedures to be followed.

In Switzerland, assisted suicide is not a crime if the person providing assistance does not do so for a selfish motive. The practice is not specifically regulated; it is carried out by several distinct "right to die" organizations, each with its own protocols. Generally, eligibility is similar to that under the laws of the Benelux countries. Euthanasia is prohibited.

Q2 How is this Bill similar to/different from other medical assistance in dying laws?

In terms of safeguards, our proposed regime is fairly similar to most foreign laws. In terms of the scope of eligibility, our approach falls somewhere in between the other laws. It is broader than the laws in the American states, which are limited to patients who are dying from a fatal disease with less than 6 months to live, and the Colombian regime which is also limited to patients who are terminally ill and dying imminently. On the other hand, it is not as broad as the laws of Benelux countries, which permit access to medical assistance in dying for people who are suffering unbearably from a serious and incurable medical condition but who are not dying.

Q3 Are other countries considering legalization of medical assistance in dying?

Yes. Many countries have considered legislation in the past two decades, but most of these have not become law. For instance, the state of South Australia is considering medical assistance in dying at this moment, and in September 2015 the United Kingdom Parliament defeated a Private Member's Bill that would have permitted physician-assisted suicide for terminally ill individuals. The issue of medical assistance in dying continues to be a topic of interest around the world, and many countries will be looking to the example we set here in Canada.

Q4 Did you consider other approaches to medical assistance in dying?

Yes. We examined all existing laws, and we listened to what Canadians and stakeholders had to say. We are confident that the approach we are proposing meets the needs of those Canadians who most need access to medical assistance in dying to enable them to die peacefully, rather than slowly, in pain or in fear. It also responds to the recommendations of many others about how to reduce the potential risks, in particular for vulnerable persons.

M - AMENDMENTS TO OTHER FEDERAL LAWS

Q1 What are the proposed changes to the other Acts in the Bill?

The Bill would amend definitions of various terms in the *Pension Act* and the *Canadian Forces members and Veterans Re-establishment and Compensation Act* to ensure that the fact that a Canadian Forces member or veteran dies after receiving medical assistance in dying would not affect their survivors' entitlement to pensions or other benefits. The amendments to these two acts would also deem that a member or veteran's death in these circumstances would be considered as resulting from their underlying medical condition, not medical assistance in dying itself.

The Bill would also amend section 19 of the *Corrections and Conditional Release Act* to clarify that if a federal inmate were to receive medical assistance in dying, there would not be a requirement for the Correctional Service of Canada to conduct a separate investigation into such a death.

N - IMPACT ON FEDERAL PROVIDERS OF HEALTH SERVICES

A number of federal departments provide health services to specific federal populations. Would the proposed legislation impact these health services?

The federal government provides some direct and indirect health services to federal populations, such as First Nations and Inuit, immigration detainees, refugee claimants, federal inmates, veterans, members of the Armed Forces and the Royal Canadian Mounted Police.

These departments would determine how best to serve their client populations, although it is likely they would align with provincial and territorial approaches for implementation, with consideration for the particular challenges of their populations.

Q2 Would there be specific considerations for First Nations and Inuit?

The legislation will apply to all Canadians, including First Nations. However, the provision of medical assistance in dying raises some specific issues and implications for First Nations and Inuit communities in Canada, particularly with respect to their unique geographical and cultural characteristics.

Federal, provincial and territorial ministers of health agreed to work together and with Indigenous leaders to improve the coordination, continuity and appropriateness of health services for Indigenous peoples.

Q3 How will medical assistance in dying impact veterans and their families?

The eligibility criteria for some Veterans Affairs Canada benefits available to eligible survivor(s) currently require that the Canadian Armed Forces member's or Veteran's death was as a result of a service-related injury or disease, or a non-service related injury or disease that was aggravated by service.

Veterans Affairs Canada will be making changes to its legislation to be able to provide benefits to eligible survivors in cases where the underlying cause of a Canadian Armed Forces member's or Veteran's death was a service-related medical condition, and the manner of death was medical assistance in dying. As a result of these changes, medical assistance in dying, is not "willful self-inflicted wounding" for the purposes of benefit eligibility.

Q4 How will medical assistance in dying affect federal inmates?

Inmates in federal institutions who meet all of the eligibility criteria in the proposed legislation would be able to have access to medical assistance in dying while in federal custody.

O - CHARTER COMPLIANCE

Q1 Is this Bill consistent with Carter and does it comply with the Canadian Charter of Rights and Freedoms?

The proposed legislation was carefully reviewed to ascertain whether any of its provisions are inconsistent with the *Charter*. The Government's position that the proposed legislation is consistent with the *Charter*.

It is key to point out that Bill C-14 must comply with the *Charter*, but this is not the same as requiring that it replicate the language from the *Carter* decision. For example, the court orders permitting medical assistance in dying over the last few months have been about whether individual applications are or are not covered by the terms of the Supreme Court's declaration in *Carter*. They have not been about whether the regime proposed in Bill C-14 is constitutional. The Supreme Court said itself in *Carter* that "Parliament must be given the opportunity to craft an appropriate remedy."

When Parliament chooses to respond to a court ruling on a *Charter* matter with new legislation, this is sometimes referred to as "the constitutional dialogue" between the legislature and the judiciary. The new law may be grounded in different legislative policy objectives than the law that it replaces, which will affect the *Charter* analysis of the new law. In the 1999 case of *R. v. Mills*, the Supreme Court held that it could not be presumed that just because a scheme enacted by Parliament looked different from what the Court had envisaged, that it was unconstitutional – rather, the Court can provide the general parameters for a response but it is for Parliament to craft the regime.

In *Carter*, the Court held that the objective of the former provisions that were at issue was not to prevent suicide generally, but to protect vulnerable people from being induced at times of weakness to end their lives. The objectives of Bill C-14 are different from those of the former law in several important respects, and therefore the *Charter* analysis is also different.

First, the Bill seeks to respect autonomy in the dying process and to enable a peaceful passage to death, without legislating a specific prognosis in terms of months or years remaining before natural death.

Second, where death is not foreseeable, the Bill seeks to prioritize respect for life and affirm the inherent and equal value of every person's life, regardless of illness, disability or age. It seeks to protect vulnerable people who might be induced in moments of weakness – by another person or by circumstance – to end their lives. Importantly, the Bill is not intended to permit or encourage suicide as a response to suffering in life, including where the suffering comes from a person's medical circumstances. It seeks to support suicide prevention initiatives to the extent feasible within the context of the criminal law.

Achieving these new objectives requires Parliament to consider and balance many diverse rights and interests. The *Carter* decision acknowledged that medical assistance in dying "involves complex issues of social policy and a number of competing societal values" (paragraph 98) and that the Court has "emphasized that there may be a number of possible solutions to a particular social problem, and suggested that a "complex regulatory response" to a social ill will garner a high degree of deference" (paragraph 97).

Medical assistance in dying is complex not only because it involves balancing the competing interests of different groups within Canadian society, but also because it involves complicated questions of social science that elude scientific proof, including predictions about human behaviour. It is natural in this context that there would be a diversity of views on how to interpret the available international data and on the most appropriate regime for Canada.

In developing Bill C-14, I and Minister Philpott have met with many individuals, groups and organizations from a diversity of backgrounds, and have received correspondence from thousands of Canadians who have expressed widely varying views on the subject. The policy choices in Bill C-14 reflect the Government's assessment, based on the available evidence including international experience and informed opinion, that a broad eligibility model such as that in the Benelux countries would frustrate the Government's objectives, including in relation to the protection and promotion of the rights of vulnerable groups.

They equally reflect the Government's assessment that, in view of the nature and seriousness of the risks, a prudent approach is warranted. This means adopting an approach that is closer to existing end-of-life models than to the Benelux approach – a model that restricts eligibility to individuals who are declining toward death, allowing them to choose a peaceful death as opposed to a prolonged, painful or difficult one. At the same time, the flexible "reasonably foreseeable death" standard, and the absence of a specific "time remaining before death" requirement, make Bill C-14 broader than existing end-of-life regimes. This represents the best and most responsible model for Canada unless and until robust and reliable data, gathered in the Canadian context, can offer sufficient assurance that expansion beyond this approach would not put vulnerable Canadians at risk. The Government has committed, however, to gather such data and to study other situations in which medical assistance in dying might be sought.

For these reasons, the Government is confident that Bill C-14 complies with the *Charter*, and falls within the range of reasonable alternatives open to Parliament to respond to the *Carter* decision.

P - ENACTMENT BY JUNE 6, 2016

Q1 What will happen if legislation is not passed and in force by June 6, 2016?

If no legislation is in place by June 6, the Supreme Court's ruling would take effect, which means that medical assistance in dying would be lawful where provided in accordance with the parameters as set out in *Carter*. However, there would be no federal regulation on medical assistance in dying across the country for the purposes of the criminal law offences related to ending or helping to end a person's life.

The absence of a clear criminal law framework is expected to cause substantial uncertainty among providers, which is likely to result in a barrier for access for legitimate requests because of providers' unwillingness to respond given the uncertainty surrounding their potential criminal law jeopardy.

Moreover, the Supreme Court's ruling in *Carter* does not address the situation of providers other than physicians, such as nurse practitioners who provide health care services to millions of Canadians living in rural and remote communities. Nurse practitioners would be expressly permitted to provide medical assistance in dying under Bill C-14.

The *Carter* ruling also does not address the situation of medical professionals who might be asked to assist medical practitioners, such as pharmacists, psychologists, nurses, and others. Pharmacists and other health care providers have repeatedly asked that specific *Criminal Code* exemptions be enacted so that they may feel comfortable participating in the provision of medical assistance in dying. These providers do not have any clear legal authority to engage in conduct that is otherwise criminally prohibited.

Uncertainty as to who would be eligible to obtain medical assistance in dying would also remain, as legal experts and academics continue to disagree about the meaning of the Court's parameters. This would result in an inconsistent implementation of medical assistance in dying across the country. Some physicians have been clear that "grievous and irremediable" is not a known or workable medical standard or term.

While Québec has its own legislation in place, regulations in other provinces and territories would be limited to general principles of health law practice and medical college policies. These policies do not have the force of law, and they are not criminal in nature, in other words, they are not applicable to determining when conduct that is otherwise criminal is acceptable. Under the criminal law, there will be no safeguards at all. Outside Québec, there would be no statutory safeguards that the Supreme Court acknowledged were necessary to reduce abuse, error and other risks to vulnerable individuals.

The absence of clear criminal law rules around the necessary safeguards associated with terminating a person's life could also put at risk the lives of the vulnerable. The absence of national statutory safeguards would also result in inconsistent implementation across the country. For instance, existing medical college policies differ as to how old a patient

must be to be considered an adult, and on safeguards, such as whether there must be witnesses to the patient's request for assistance in dying, whether the second medical opinion should be independent, or whether a mandatory reflection period is needed. Equally important, without Bill C-14 passed into law, there would be no national monitoring system to collect the necessary data to effectively monitor this new practice which represents a profound change to the Canadian medical landscape.

It is also unclear whether the Court "struck down" the criminal prohibitions on consensual killing and assisted suicide in their entirety, or whether it "read them down" such that they would remain generally in force, but cease to apply to situations described by the declaration of invalidity. If the laws are struck down entirely, there would be significant public safety risks associated with the legality of consensual killing and assisting suicide in all other contexts. For example, a person would be able to terminate the life of their spouse if they requested to die due to illness or for any other reason, and a person could provide information and assistance to a troubled teenager over the Internet about ways of committing suicide.

Q2 What will happen to cases that are still before the Courts when this legislation comes into force?

We are not in a position to know at this time exactly how such situations would be managed by the courts.

Q3 Did the Government consider invoking the notwithstanding clause?

The Government clearly stated its intention to respect the Court's ruling.

Q - CONSCIENCE RIGHTS

Q1 How does Bill C-14 address the conscience rights of health care providers?

The Government has clearly stated, since Bill C-14 was introduced, that nothing in Bill C-14 would compel a health care provider to provide or assist in the provision of medical assistance in dying. The Government committed to working with provinces and territories to support access to medical assistance in dying while recognizing the personal convictions of health care providers. The Government will work toward establishing a system to that would connect persons seeking medical assistance in dying to willing providers.

Nevertheless, following the study of Bill C-14 by the House of Commons Standing Committee of Justice and Human Rights, Bill C-14 was amended in two areas to better express support for the freedom of religion and conscience. First, the preamble was amended to recognize that everyone has freedom of conscience and religion under section 2 of the *Canadian Charter of Rights and Freedoms* and that nothing in the Bill affects those freedoms. Second, the medical assistance in dying provision was also amended to clarify, for greater certainty, that nothing in section compels an individual to provide or assist in providing medical assistance in dying.

The regulation of the overwhelming majority of medical professionals falls within the jurisdiction of the provinces and territories. As a result, any conscience rights clause in federal legislation would likely be interpreted in a way that will have minimal legal significance. In addition, it is the *Charter*, not ordinary legislation, which protects the rights of medical providers. If a Provincial or Territorial law violates the conscience rights of providers, that law can be challenged under the *Charter*.

The Government's approach of working with the provinces and territories on a care coordination system is a better way to ensure that conscience rights are respected across Canada.

Q2 How will patients access medical assistance in dying, if their physician or nurse practitioner will not provide it due to personal convictions?

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The Supreme Court of Canada was clear that nothing in its reasons would compel physicians to provide medical assistance in dying and there is nothing that compels physicians to provide medical assistance in dying in the proposed legislation. However, physicians and nurse practitioners exercising their conscience rights may constitute a barrier to access for those who are seeking medical assistance in dying. The government will work with provinces and territories to explore options to facilitate access and care coordination, while recognizing the personal convictions of health care providers.

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Q3 Why does C-14 not include a provision to protect conscience rights as was done in the Civil Marriage Act?

The clauses that were included in the *Civil Marriage Act* would have little legal effect in the context of C-14 as the regulation of medical professionals generally falls within the jurisdiction of the provinces and territories. Including such clauses might mislead practitioners, whose conscience rights may be subject to reasonable limits enacted by provinces in order to ensure access to medical assistance in dying. Moreover, the main clause (s. 3) in the *Civil Marriage Act* recognized the rights of religious officials, who have a particularly strong claim to religious conscience rights. Healthcare providers provide essential services to the general public and are, as such, more closely analogous to marriage commissioners, who were not mentioned in the *Civil Marriage Act*. The second clause (s. 3.1) in the *Civil Marriage Act* was included "for greater certainty" and protected only against consequences under a law of the Parliament of Canada by reason of the exercise of conscience rights in relation to same-sex marriage. Such a clause would have limited effect for the vast majority of healthcare practitioners who are governed by the laws of the provinces and territories.

R - SPECIAL JOINT COMMITTEE ON PHYSICIAN-ASSISTED DYING

Q1 How is this approach different from the recommendations made by the Special Joint Committee on Physician-Assisted Dying?

Under the proposed legislation, medical assistance in dying would be limited to competent adults who are intolerably suffering from a serious and incurable medical condition, are in an advanced state of irreversible decline, and whose death is reasonably foreseeable. By contrast, the Special Joint Committee (SJC) recommended broader eligibility that would include requests by mature minors, advance requests and requests where mental illnesses is the sole underlying medical condition, all of which the Government has committed to study. However, all procedural safeguards recommended by the SJC would be enacted.

Q2 Does the approach in the Bill resemble the CPC dissenting opinion in the Special Joint Committee's Report?

Numerous sources of information helped inform the development of the proposed legislation: including the evidence before the courts in the *Carter* case, by the trial judge's and the Supreme Court of Canada's rulings, by available Canadian and international research, social science evidence, governmental reports and parliamentary studies. It was also informed by the experience of existing international medical assistance in dying regimes, as well as by numerous recent consultation activities on medical assistance in dying, including the work of the Special Joint Committee, the federal External Panel, the Provincial-Territorial Expert Advisory Group, the Canadian Medical Association, the College of Family Physicians of Canada, and the work of provincial colleges of physicians of surgeons, among others.

S - RECOMMENDATIONS OF THE SENATE COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS REPORT ON PRE-STUDY OF BILL C-14

Will the Government agree to limit the exemption for a person aiding a patient to self-administer a substance that has been provided (under section 241(5)) to ensure that it does not apply to a person who knows, or believes, that he or she is a beneficiary or recipient of a financial or other material benefit resulting from the patient's death? [Recommendation 2 adopted unanimously]

Self-administration of the substance causing death can often be expected to occur at the person's home. It may also take place in the presence of family members and loved ones whose assistance may be needed by the person as he/she approaches death, but who also could be beneficiaries.

The government recognizes the very important role of family members in providing care to dying relatives. Limiting this exemption could subject family members to criminal liability for aiding their loved one to self-administer a substance even where they are acting in the patient's best interest and at the patient's explicit direction.

We believe that there are sufficient protections under Section 241(5) of Bill C-14 which requires that the person who has been provided with the substance for self-administration to explicitly request the assistance of another person. It will always remain an offence for any person to encourage or counsel someone to end their life, or to force someone to take medication prescribed for the purpose of medical assistance in dying.

Will the Government agree to specifically exclude individuals who know, or believe, that they will or might benefit from a person's death, from the ability to sign for that person requesting medical assistance in dying, if that person is unable to sign and date the request, under proposed subsection 241.2(4) of the Code? [Recommendation 5 *adopted unanimously]

The role of the "proxy signer" (subsection 241.2(4)) is already significantly restricted by the requirement that the proxy must sign "under the person's express direction." Bill C-14 also requires the written request for medical assistance in dying to be witnessed by two independent persons who cannot be beneficiaries of the patient's death.

Making this additional requirement could present a barrier to access. A person who would help sign and date the request is likely to be someone close and trusted by the patient to be acting in his/her best interests, such as a family member. A family member would also likely be a beneficiary of the patient's death.

Bill C-14 also contains a number of other safeguards, such as two physicians and nurse practitioners assessing the voluntariness of the person's request and their informed consent. While requiring "proxy signers" to not benefit from the person's death could

function as an additional safeguard, in cases of rural and small communities, finding three independent individuals (independent of the patient and of each other) could be a challenge and potentially limit a person's access to this service.

Will the Government agree to put back into Bill C-14 the rule the practitioners are not independent of each other if they are in a business relationship with each other? This refers to section 241.2(6)(a) of the Code. [Recommendation 6 *adopted unanimously]

The amendment was necessary to recognize that medical/nurse practitioners who are part of a very large practice can still be considered "independent" from each other despite being part of the same practice team or group.

Provinces expressed concern that the original requirement might limit participation of providers who work in large medical practice teams that exist throughout the country. These group-based teams and interdisciplinary models are encouraged because they provide comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting.

Even though this requirement was removed, the clause still contains a general requirement that physicians or nurse practitioners must not be connected to the second practitioner in any way that would affect their objectivity.

In order to further strengthen certain safeguard provisions, why does Bill C-14 not require an individual to undergo palliative care consultation when he or she is being assessed for eligibility to access medical assistance in dying?

[Minority recommendation]

Bill C-14 already contains a range of safeguards against abuse and error. One such safeguard that is relevant here is the necessity for patients to give "informed consent" to receive medical assistance in dying. Informed consent is not a random expression inserted into the Bill. Informed consent is a medical term that means that a person has been given all the information they need to make a health-care decision. Information that is necessary to be provided includes their diagnosis, their prognosis, available forms of treatment and the benefits and side-effects of those treatments. Because it also includes the notion of consent, it also requires that the person be mentally competent, i.e., that they be able to understand the relevant information and the consequences of their choices.

It is therefore already built into this requirement that patients receive information about other treatment options which, in an end-of-life context, would include palliative care.

Making a palliative care consultation a requirement could also serve to impede access, as access to professionals and palliative care itself varies across the country.

In this regard, the preamble of the Bill C-14, as amended by the House of Commons Justice and Human Rights Committee, commits the Government of Canada to working

with provinces, territories and civil society to facilitate access to palliative and end-of-life care. This builds on the Government's commitment to provide \$3 billion over four years to improve home care, including palliative care, in the context of discussions on a new Health Accord.

Q5 Should requests for medical assistance in dying be subject to prior judicial review and approval by a Superior Court Judge to ensure that all legal requirements and conditions have been met? Why or why not? [Minority recommendation 6]

While the exemptions to the Criminal Code are legal in nature and result from a court decision, the assessments and decisions that are part of the medical assistance in dying procedure are medical in nature.

There are also concerns that prior legal approval requirement could delay access and/or be costly. Such a requirement may elevate Charter risks by creating an unduly cumbersome barrier to access, if persons who would otherwise be eligible are unable to make an application to a court (e.g., lack resources to hire a lawyer, live in a remote area where courts are difficult to access or sit infrequently, etc.)

Bill C-14 already lays out adequate procedural safeguards to guard against abuse and error.

Q6 Should a safeguard be added to Bill C-14 requiring a psychiatric assessment of competency in all cases where a mental illness is present? [Minority recommendation 7]

Bill C-14 already includes requirements for both the initial and secondary provider to ensure that the patient has capacity, has made a voluntary request and that they are providing informed consent to receive medical assistance in dying. In addition, it includes a requirement for the provider, in section 241.2(3)(h), immediately before providing medical assistance in dying, to give the person an opportunity to withdraw his or her request and ensure that the person gives express consent to receive medical assistance in dying.

The situation where a practitioner is aware that the patient already has a mental illness that might impair their competence or ability to give consent is already addressed in Bill C-14 by subsection 241.2(7), which requires that medical assistance in dying be provided with reasonable knowledge, care and skill and in accordance with any applicable provincial laws, rules or standards.

Requiring a psychiatric assessment of competency in every case where a mental illness is present would be likely to create significant barriers to access by requiring psychiatric assessments. It is well understood that access to psychiatric specialists can be difficult and may also involve out-of-pocket costs, which would create barriers for those unable to pay for these services.

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Q7 Should the requirement stating that, immediately before providing medical assistance in dying, the person shall give express consent, be removed from Bill C-14? Why or why not? [Minority recommendation 8]

Removing this requirement would introduce a form of advance request for those individuals who were found to be eligible for medical assistance in dying but who lost competence before assistance could be provided.

Allowing advance requests for medical assistance in dying is extremely complex and raises diverse risks and considerations.

The approach taken in Bill C-14 is not to permit medical assistance in dying by way of advance request at this stage, but instead to study the issue further before revisiting the issue at a later date, as appropriate.

Why do conscience rights not extend to institutions (i.e. hospitals, clinics, etc.)? [Recommendation 7 adopted by a majority]

Freedom of conscience and religion are protected from government interference by paragraph 2(a) of the *Charter*. Provincial legislation could impose reasonable limits on conscience rights (e.g., to reconcile conscience rights with access issues), but could not compel medical professionals to behave in a way that unjustifiably violates their rights under the *Charter*.

While it is not clear to what extent conscience rights do or do not extend to institutions, provinces and territories have jurisdiction over the organization and delivery of health care services, which includes the management and governance of health care institutions.

As such, any federal provision that purported to protect the conscience rights of institutions would be at best ineffectual and, at worst, misleading. If the federal law recognized the conscience rights of institutions and a provincial law justifiably limited these rights, the provincial law would take precedence in court.

T-CONSULTATIONS

Q1 Were consultations held on the development of the regime? Who was consulted and how?

There have been many consultations over the past year on the issue of medical assistance in dying, and the results of all those activities have been taken into account in developing the legislation. On December 11, 2015, the Special Joint Committee (SJC) on Physician-Assisted Dying was established to review recent consultation activities, consult with Canadians and stakeholders, and make recommendations on the framework of a federal response to *Carter*. The SJC held 16 meetings, heard from 61 witnesses, received over 100 briefs, and tabled its final report in Parliament on February 25, 2016, which included 21 recommendations on eligibility, procedural safeguards, oversight and monitoring, and other health sector implementation issues and responses.

U - PALLIATIVE CARE AND DRUG AVAILABILITY

Q1 Will medical assistance in dying be part of palliative care?

The principle of palliative care is that dying people and their families are made to be as comfortable as possible, and to feel as dignified as possible, while dying from natural causes. Most palliative care specialists consider medical assistance in dying to be something different from palliative care. It will be up to the provinces and territories and medical establishments to determine where medical assistance in dying services will be offered.

Q2 What will be done to improve palliative care?

Canadians have clearly indicated that they want to maintain their independence and receive care at home, including at the end of their lives.

As part of a multi-year health accord, the federal government has committed to providing \$3 billion over the next four years to improve home care, including palliative care.

Recently, federal, provincial and territorial ministers of health agreed to work individually and collectively on improving home care to better meet the needs of patients closer to home, including those who need palliative care.

Q3 Are there drugs available in Canada for medical assistance in dying?

Many of the drugs commonly used for this procedure are already marketed in Canada, and are prescribed for common purposes, such as pain control, anaesthesia, and nausea.

Decisions by physicians and nurse practitioners to use specific drugs for specific patients are considered within the practice of medicine and guided by clinical practice guidelines and protocols.

Health Canada, as the regulator of drug products, works with partners as appropriate to enable access for Canadians to safe and effective health products through scientific reviews.

V - CAUSE OF DEATH AND LIFE INSURANCE

Will my family collect from my life insurance policy if I choose to die by medical assistance in dying?

This Bill addresses criminal law issues surrounding medical assistance in dying, and it amends two federal statutes to ensure that where a Canadian Forces Member or a veteran dies after receiving medical assistance in dying, this would not affect their survivors' entitlement to pensions or other benefits. The consequences of medical assistance in dying for private life insurance policies is a matter that falls to the provinces and territories.

Q2 What information will be reported on death certificates when a person chooses to die by medical assistance in dying?

Following amendments by the Standing Committee on Justice and Human Rights, the Minister of Health will be developing regulations concerning the collection of information from coroners and medical examiners. Further, the Minister of Health will also be establishing guidelines, in cooperation with the provinces and territories, about the information to be included on death certificates where medical assistance in dying was provided. This may include how to identify medical assistance in dying as the manner of death, as well as the illness, disease or disability that prompted the patient's request for assistance.

Pages 1291 to / à 1428 are withheld pursuant to sections sont retenues en vertu des articles

21(1)(a), 68(a)

of the Access to Information Act de la Loi sur l'accès à l'information

Protected B

Advice to the Minister

Bill C-14 (Medical Assistance in Dying)

TOPIC: Government strategy for responding to the Supreme Court of Canada decision in *Carter v. Canada*.

CONTEXT: This note refers to Bill C-14, the Government's proposed legislative response to the *Carter* decision, which permits medical and nurse practitioners to provide medical assistance in dying to eligible persons in accordance with specified safeguards in order to protect vulnerable persons.

PROPOSED RESPONSE:

- On April 14, 2016, the Government introduced Bill C-14, Medical Assistance in Dying which responds to the *Carter* decision.
- The Bill would permit medical assistance in dying across Canada.
 It would respect the autonomy of persons who are suffering from a grievous and irremediable medical condition and are nearing end of life to seek assisted dying, while protecting vulnerable persons.
- The Bill would provide exemptions for physicians, nurse practitioners, and other persons who assist in the process of providing medical assistance in dying to eligible persons. It would remain a crime to assist a person to die or cause a person's death in situations other than lawful medical assistance in dying.
- The eligibility criteria in the Bill ensure that medical assistance in dying would be a choice for competent adults whose deaths have become reasonably foreseeable, based on all of their medical circumstances, but without requiring a specific prognosis. This is a balanced and fair approach.

- The Bill includes robust procedural safeguards, as well as the framework for a monitoring system that will be developed by the Minister of Health in regulations, following consultations with the provinces and territories.
- The Government is committed to supporting the Bill with nonlegislative responses, including working with the provinces and territories on a mechanism to connect patients with willing providers while respecting conscience rights of health care providers.
- The Bill provides for parliamentary review after five years. The
 review would be informed by Canadian evidence and data,
 including independent studies the Government will commission
 into issues not addressed in the Bill, such as eligibility for mature
 minors, advance requests, and requests where mental illness is
 the sole medical condition present.

If pressed on whether the Bill complies with the Charter:

• The Bill responds to the circumstances that were at issue in the Carter case, and I am satisfied that it complies with the Canadian Charter of Rights and Freedoms.

If pressed on whether the Government will refer its forthcoming Bill to the Supreme Court of Canada for a reference:

 This matter addresses very complex issues, which we believe Parliament needs to debate and decide.

- Our priority at this time is to ensure that a Bill is passed by Parliament by June 6, 2016, in order to respect the timeline set out by the Supreme Court of Canada in its decision from January of this year.
- It is premature to be talking about references to the Supreme Court when Parliament has not yet even decided what the law should be.

If pressed on why the Bill does not adopt all of the Special Joint Committee's recommendations:

- In developing the Bill, the Government carefully considered the Committee's report, as well as the findings from the External Panel, Provincial-Territorial Expert Advisory Group, consultations with stakeholders and Canadians, and the experiences of other jurisdictions that have permitted some form of medical assistance in dying, including the process that led to Quebec's enactment of that province's *Act Respecting End of Life Care*.
- The Bill incorporates the Committee's general approach to procedural safeguards, and the Government is committed to further studying issues from the Committee's report that are not included in this Bill.

If asked about how the Bill would affect the provinces and territories:

 The Bill sets out consistent criminal law rules regarding who is eligible for medical assistance in dying and the safeguards that must be respected for medical or nurse practitioners to be exempted from criminal responsibility. Provinces cannot change these requirements, but could choose to further regulate medical assistance in dying under their areas of jurisdiction.

 Nothing in the Bill compels the province of Quebec to amend its legislation.

If pressed about why the Bill does not do more to protect conscience rights?

- Nothing in the Bill or the criminal law would require a physician or other person to participate in medical assistance in dying.
 Balancing the rights of medical providers and patients is generally a matter of provincial-territorial responsibility.
- The Government will continue to work with the provinces and territories to connect patients with willing providers while respecting conscience rights.

If pressed regarding what happens if the Bill does not receive Royal Assent by June 6, 2016.

 Our plan is to work with all Parliamentarians to respect the Supreme Court's deadline. If the Bill is not in force by June 6, 2016, the parameters of the *Carter* decision will take effect.

BACKGROUND:

Carter v. Canada

On February 6, 2015, in *Carter v. Canada*, the Supreme Court of Canada (SCC) unanimously declared that paragraph 241(b) and section 14 of the *Criminal Code* are unconstitutional to the extent they prohibit physician-assisted death for a competent adult person who 1) consents to the termination of life and 2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual. The SCC initially suspended its declaration of invalidity until February 6, 2016, and on January 15, 2016, it extended the suspension order to June 6, 2016.

Special Joint Committee

On December 11, 2015, the House of Commons and the Senate adopted motions establishing a Special Joint Committee to review the report of the federal External Panel and other recent relevant consultation activities and studies, to consult with Canadians, experts and stakeholders, and make recommendations on the framework of a federal response. On February 25, 2016, the Special Joint Committee on Physician-Assisted Dying tabled its report in the Senate and the House of Commons, *Medical Assistance in Dying: A Patient-Centred Approach*.

Bill C-14

On April 14, 2016, the Government introduced Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

The Bill would re-enact the provisions at issue in the *Carter* case (sections 14 and 241(b)), but would create exemptions to permit physicians and nurse practitioners to provide medical assistance in dying. It would also extend exemptions for pharmacists and other persons to provide assistance in the process.

The Bill specifies five eligibility criteria, including:

- The person must be at least 18 years old and competent to make decisions with respect to their health;
- The person must have a grievous and irremediable medical condition, which is defined in the Bill as having all of the following characteristics:
 - o A serious and incurable illness, disease or disability;
 - The person is in an advanced state of irreversible decline in capability;
 - The illness, disease, or disability or state of decline causes the person enduring physical or psychological suffering that is intolerable to them and that cannot be relieved in a manner that the person considers acceptable to them;
 - The person's natural death has become reasonably foreseeable due to all of their medical circumstances, without requiring that a prognosis has been made as to the length of time that they have remaining.
- The person must have made a voluntary request for medical assistance in dying that in particular was not made as a result of external pressure;
- The person must give informed consent to receive medical assistance in dying; and
- The person must be eligible for health services funded by a government in Canada, in other words, they cannot be a foreign visitor to Canada.

The Bill also includes procedural safeguards that require the request for medical assistance in dying be in writing, signed and dated by the patient, be witnessed by two independent persons, and that at least two physicians or nurse practitioners who are also independent of each other and the person confirm that the eligibility criteria have been met. The Bill would also require a 15 day reflection period between the request and the provision of medical assistance in dying, though this could be abbreviated if the person's death or loss of capacity became imminent.

The Bill would amend the *Pension Act* and *Canadian Forces Members and Veterans Re-establishment and Compensation Act* to ensure there would be no loss of survivor benefits or pensions should a Forces member or Veteran receive medical assistance in dying. The Bill would also amend the *Corrections and Conditional Release Act* to remove the requirement that there be a separate investigation into the death of an inmate who receives medical assistance in dying.

The Bill would provide for a Parliamentary review of its provisions in five years following its coming into force.

Non-legislative responses

After the Bill is passed, the Government would commission the study of three eligibility issues that were not addressed in the legislation (mature minors, advance requests, and mental illness as the sole basis for a request). The Government would also work with the provinces and territories to improve palliative care through the Canada Health Accord, ensure medical assistance in dying is treated as consistently as possible across Canada, and develop a mechanism to help connect willing providers to patients to facilitate access while respecting conscience rights.

Prepared by: Julie Besner Approved by: Donald K. Piragoff
Date: May 3, 2016 Date:

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Question Period Note

MEDICAL ASSISTANCE IN DYING

ISSUE:

Government strategy for responding to the Supreme Court of Canada decision in *Carter v. Canada*.

PROPOSED RESPONSE:

- On April 14, 2016, the Government introduced proposed legislation that would respond to the *Carter* decision.
- The Bill would permit medical assistance in dying across Canada. It
 would respect the autonomy of persons suffering from a grievous and
 irremediable medical condition to seek assisted dying, while protecting
 vulnerable persons.
- The Bill would provide exemptions for physicians, nurse practitioners, and other persons who give assistance in the process of providing medical assistance in dying to eligible persons. It would remain a crime to assist a person to die or cause a person's death in situations other than lawful medical assistance in dying.
- The eligibility criteria in the Bill ensure that medical assistance in dying would be a choice for competent adults whose deaths have become reasonably foreseeable, based on all of their medical circumstances, but without requiring a specific prognosis. This is a balanced and fair approach.
- The Bill includes robust procedural safeguards, as well as the framework for a monitoring system that will be developed by the Minister of Health in regulations, following consultations with the provinces and territories.
- The Government is committed to supporting the Bill with non-legislative responses, including working with the provinces and territories on a mechanism to connect patients with willing providers while respecting conscience rights.
- The Bill provides for parliamentary review after five years. The review would be informed by Canadian evidence and data, including independent studies the Government will commission into issues not

addressed in the Bill, such as eligibility for mature minors, advance requests, and requests where psychiatric illnesses are the sole medical condition present.

If pressed on the Senate amendments to the Bill:

- The Government recognizes the significant work of the other place in its comprehensive review of Bill C-14, which has greatly enriched the parliamentary debate on this complex issue.
- The Government is pleased that the House supported most of the amendments from the other place, some with small wording changes.
- These amendments include additional safeguards, changes to the provisions related to the monitoring regime, and a two year deadline to report on the independent studies.
- However, the amendment to expand eligibility for medical assistance in dying to individuals whose death is not reasonably foreseeable could not be supported. This amendment would have upset the delicate balance that the Bill, as introduced, struck between individual autonomy and the protection of vulnerable people.
- It would have allowed people whose sole underlying medical condition is a mental illness to be eligible for medical assistance in dying.
- The Government stands by the cohesiveness and integrity of Bill C-14 which strikes the balance that we believe is necessary and appropriate, which has broad public support from Canadians and is supported by the majority of this House.

If pressed on the Alberta Court of Appeal decision in E.F.:

- I am aware of the Alberta Court of Appeal decision in *E.F.*, which interpreted the *Carter* parameters broadly. Courts in other provinces, such as Ontario, have read the decision more strictly.
- Let me be clear: the Alberta Court of Appeal decision in *E.F.* was not about the constitutionality of Bill C-14.
- In Carter, the Supreme Court of Canada told us that Parliament is best

placed to design a regime around medical assistance in dying with a robust set of safeguards. That is what we have done.

- At the end of the day, Bill C-14 will be measured against the *Charter*, and not the *Carter* case, which interpreted a different law with different objectives. The Court of Appeal of Alberta acknowledged that the "interpretation and the constitutionality of eventual legislation should obviously wait until the legislation has been enacted." (para. 72)
- Bill C-14 complies with the *Charter*, and provides for a complete regime of statutory safeguards and protections that would not exist if there is no legislation in place by June 6.
- The Alberta decision underscores the need to have Bill C-14 enacted by June 6 so that Canadians will have a clear, statutory regime in place that addresses the needs of 36 million Canadians.

If pressed on whether the Bill complies with the Charter:

- Carter was a case about whether it is permissible to have a blanket prohibition on assistance in dying. It was not a case about the relative merits, risks and benefits of the different types of regimes that permit medical assistance in dying around the world.
- Bill C-14 responds to Carter by crafting a regime that permits medical assistance in dying in the sorts of situations that were at the heart of the Court's decision.
- The overwhelming majority of people who seek medical assistance in dying, are dying. Most jurisdictions do not permit assisted dying at all. The majority of those that do permit the practice restrict it to individuals whose natural death is approaching, to permit a gentle passage to death. Only a minority of these jurisdictions permit it as a response to suffering in life.
- The Carter decision requires Parliament to respond, but it does not mandate the enactment of the broadest possible regime that exists in only three jurisdictions in the world.

If pressed on why the Bill does not adopt all of the Special Joint Committee's

recommendations:

- In developing the Bill, the Government carefully considered the Committee's report, as well as the findings from the External Panel, Provincial-Territorial Expert Advisory Group, consultations with stakeholders and Canadians, and the experiences of other countries who have permitted some form of medical assistance in dying.
- The Bill incorporates the Committee's general approach to procedural safeguards, and the Government is committed to further studying issues from the Committee's report that are not included in this Bill.

If asked about how the Bill would affect the provinces and territories:

- The Bill sets out consistent criminal law rules regarding who is eligible for medical assistance in dying and the safeguards that must be respected for medical or nurse practitioners to be exempted from criminal responsibility. Provinces cannot change these requirements, but could choose to further regulate medical assistance in dying under their areas of jurisdiction.
- Nothing in the Bill compels the province of Quebec to amend its legislation.

If pressed about why the Bill does not do more to protect conscience rights?

- Nothing in the Bill or the criminal law would require a physician or other person to participate in medical assistance in dying. Balancing the rights of medical providers and patients is generally a matter of provincialterritorial responsibility.
- The Government will continue to work with the provinces and territories to connect patients with willing providers while respecting conscience rights.

If pressed regarding what happens if the Bill does not receive Royal Assent by June 6, 2016:

 If Bill C-14's criminal law framework is not enacted by June 6, Canadians will face uncertainty:

- Uncertainty of access to the service across the country by those in need [e.g., Canadians living in remote areas that are only serviced by nurse practitioners will not have access as proposed by Bill C-14];
- Uncertainty of being exempted from a criminal prosecution for medical practitioners and those assisting them [e.g., Carter only exempts physicians whereas Bill C-14 proposes to also exempt nurse practitioners as well as others assisting them]; and
- Uncertainty of adequate protections for vulnerable persons including the elderly and disabled [e.g., Bill C-14 proposes statutory safeguards that would apply across the country; some oversight that is now available through the current court-approval process will end on June 6].
- Our plan is to work with all Parliamentarians to meet with the Supreme Court's deadline.
- The interim court-approval process will end on June 6, and if no federal law is in place at that time, outside of Quebec, there would be no mandatory statutory or consistent safeguards, or legal framework for monitoring how assisted dying is being administered.

BACKGROUND:

Carter v. Canada

On February 6, 2015, in *Carter v. Canada*, the Supreme Court of Canada (SCC) unanimously declared that paragraph 241(*b*) and section 14 of the *Criminal Code* are unconstitutional to the extent they prohibit physician-assisted death. Section 241 of the *Criminal Code* prohibits a person from providing assistance to another person to commit suicide. The practice of euthanasia, which is ending another person's life for reasons of mercy or compassion, is prohibited by the offence of murder. Section 14 of the *Criminal Code* states that a person's consent to die does not affect the criminal liability of a person charged with inflicting their death. These provisions operate to prohibit physicians, as well as non-physicians, from assisting people who wish to die.

The SCC found the relevant provisions of the *Criminal Code* unconstitutional to the extent they prohibit physician-assisted death for a competent adult person who 1) consents to the termination of life and 2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual. The SCC suspended its declaration of invalidity for one year, i.e., until February 6, 2016. On December 3, 2015, the Minister of Justice and Attorney General of Canada filed a motion in the SCC to extend the suspension of the declaration of invalidity in the *Carter* case for six months, to August 6, 2016.

On January 15, 2016, the SCC granted Canada's motion in part and agreed to extend the suspension of its declaration of invalidity in Carter for four months, until June 6, 2016. Therefore, paragraph 241(*b*) and section 14 of the *Criminal Code* remain in force until then. The SCC exempted Quebec from the extension and granted an exemption to those who wish to access their rights so that they may apply to the superior court of their jurisdiction for relief in accordance with the criteria set out in the first *Carter* decision.

On December 11, 2015, the House of Commons and the Senate adopted motions establishing a Special Joint Committee to review the report of the federal External Panel and other recent relevant consultation activities and studies, to consult with Canadians, experts and stakeholders, and make recommendations on the framework of a federal response.

On December 14, 2015, the provincial-territorial Expert Advisory Group report on physician-assisted dying was made public. On December 15, 2015, the federal External Panel provided its report to the Minister of Health and the Minister of Justice, which was publicly released on January 18, 2016.

On February 25, 2016, the Special Joint Committee on Physician-Assisted Dying tabled its report in the Senate and the House of Commons, *Medical Assistance in Dying: A Patient-Centred Approach*. Since January 18, 2016, the all-party Committee, consisting of members of Parliament and Senators, sat for 10 days, held 14 meetings, heard from 61 witnesses and received over 100 briefs. Its report include a majority opinion (adopted by Liberal and NDP MPs and Senators), as well as a minority opinion (by Conservative MPs), and a minority supplementary opinion (by NDP MPs) in relation to palliative care.

The Government's Proposed Legislation

On April 14, 2016, the Government introduced its Bill, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

The Bill would re-enact the provisions at issue in the *Carter* case (sections 14 and 241(b)), but would create exemptions to permit physicians and nurse practitioners to provide medical assistance in dying. It would also extend exemptions for pharmacists and other persons to provide assistance in the process.

The Bill specifies five eligibility criteria, including:

- 1. The person must be at least 18 years old and competent to make decisions with respect to their health;
- 2. The person must have a grievous and irremediable medical condition, which is defined in the Bill as having all of the following characteristics:
 - a) A serious and incurable illness, disease or disability;
 - b) The person is in an advanced state of irreversible decline in capability;
 - c) The illness, disease, or disability or state of decline causes the person enduring physical or psychological suffering that is intolerable to them and that cannot be relieved in a manner that the person considers acceptable to them;
 - d) The person's natural death has become reasonably foreseeable due to all of their medical circumstances, without requiring that a prognosis has been made as to the length of time that they have remaining.
- 3. The person must have made a voluntary request for medical assistance in dying that in particular was not made as a result of external pressure;
- 4. The person must give informed consent to receive medical assistance in dying; and
- 5. The person must be eligible for health services funded by a government in Canada, in other words, they cannot be a foreign visitor to Canada.

The Bill also includes procedural safeguards that require the request for medical assistance in dying be in writing, signed and dated by the patient, be witnessed by two independent persons, and that at least two physicians or nurse practitioners who are also independent of each other and the person confirm that the eligibility criteria have been met. The Bill would also require a 10 day reflection period between the request and the provision of medical assistance in dying, though this could be abbreviated if the person's death or loss of capacity became imminent.

The Bill would amend the *Pension Act* and *Canadian Forces Members and Veterans Re-establishment* and *Compensation Act* to ensure there would be no loss of survivor benefits or pensions should a Forces member or Veteran receive medical assistance in dying. The Bill would also amend the *Corrections and Conditional Release Act* to remove the requirement that there be a separate investigation into the death of an inmate who receives medical assistance in dying.

The Bill would provide for a Parliamentary review of its provisions in five years following its coming into force.

Non-legislative responses

After the Bill is passed, the Government would commission three independent studies into eligibility issues that were not addressed in the legislation (mature minors, advance requests, and mental illness as the sole basis for a request). The Government would also work with the provinces and territories to improve palliative care through the Canada Health Accord, ensure medical assistance in dying is treated as consistently as possible across Canada, and develop a mechanism to help connect willing providers to patients to facilitate access while respecting conscience rights.

Amendments to Bill C-14

Since the introduction of the Bill, sixteen amendments from the Standing Committee on Justice and Human Rights have been adopted. These include modifications to the preamble, safeguards, the addition of two "for greater certainty" clauses, and a statutory obligation to conduct one or more independent reviews on mature minors, advance requests and requests where mental illness is the sole underlying medical condition. Further to a pre-study and a study of the Bill by the Standing Senate Committee on Legal and Constitutional Affairs, the Bill was also amended by the Senate. The House of Commons accepted most of the Senate amendments (additional safeguards, changes to the provisions related to the monitoring regime and a two year deadline to report on the independent studies), some with small wording changes. However, the House did not support the amendment to expand eligibility for medical assistance in dying to individuals whose death is not reasonably foreseeable.

Quebec Act respecting end-of-life care

On June 5, 2014, the National Assembly of Quebec passed Bill 52, *An Act respecting end-of-life care*. Among other measures, the Act authorizes "medical aid in dying" which is defined as a physician causing a patient's death at their request, i.e. voluntary euthanasia.

On December 22, 2015, Quebec's Court of Appeal decision in *D'Amico* confirmed the validity of Quebec's legislation, in force since December 10, 2015. The Court overturned the Superior Court's finding that Quebec's law is inoperative under the doctrine of paramountcy. It found that paramountcy only applies to resolve a conflict between a valid federal law and a valid provincial law and that, although the SCC suspended its declaration of invalidity, the federal law is not really "valid" since it was declared inoperative in *Carter*.

Parliamentary history on the issue of euthanasia and assisted suicide

Physician-assisted suicide and euthanasia have been considered by Parliament on a number of occasions over the past 20 years, through Private Members' Bills and motions, and Senate Committee studies. On each occasion, Parliament rejected decriminalization of physician participation in causing patient death.

In the last Parliament, Private Senate Bill S-225 was introduced on December 2, 2014, by Senator Nancy Ruth (Conservative), and was debated at Second Reading. It would have amended the *Criminal Code* to permit assisted suicide and euthanasia in certain circumstances.

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PROTÉGÉ 2015-013791

Notes pour la période de questions

AIDE MÉDICALE À MOURIR

QUESTION:

Stratégie gouvernementale pour répondre à l'arrêt *Carter c. Canada* de la Cour suprême du Canada.

RÉPONSE PROPOSÉE:

- Le 14 avril 2016, le gouvernement a déposé un projet de loi visant à donner suite à l'arrêt *Carter*.
- Le projet de loi permet l'aide médicale à mourir au Canada. Il respecte l'autonomie des personnes qui sont affectées de problèmes de santé graves et irrémédiables et qui demandent une aide à mourir, tout en protégeant les personnes vulnérables.
- Le projet de loi prévoit des exemptions à l'égard des médecins, des infirmiers praticiens et d'autres personnes qui fournissent l'aide médicale à mourir à des personnes admissibles. Aider une personne à mourir ou causer la mort d'une personne autrement que dans le cadre de la prestation de l'aide médicale à mourir constituerait toujours une infraction criminelle.
- Les critères d'admissibilité prévus par le projet de loi font en sorte que les adultes capables dont la mort est raisonnablement prévisible, compte tenu de leur situation médicale globale, pourront avoir recours à l'aide médicale à mourir, sans qu'un pronostic précis ait été établi. Il s'agit là d'une approche équilibrée et équitable.
- Le projet de loi prévoit des garanties procédurales rigoureuses, et établit le cadre d'un système de surveillance qui sera élaboré par voie réglementaire par la ministre de la Santé, après consultation avec les provinces et les territoires.
- Le gouvernement est déterminé à appuyer le projet de loi au moyen de mesures non législatives, y compris à travailler avec les provinces et territoires à l'élaboration d'un mécanisme visant à aiguiller les patients vers des professionnels consentants tout en respectant la liberté de conscience.

Le projet de loi prévoit la tenue d'un examen parlementaire après cinq ans. Cet examen reposera sur de la preuve et des données canadiennes, y compris sur des études indépendantes commandées par le gouvernement sur des questions non abordées dans le projet de loi, telles que l'admissibilité des mineurs matures, les demandes anticipées, et les demandes où la maladie mentale est la seule condition médicale invoquée.

Si l'on vous demande des questions sur les amendements adoptés par le Sénat :

- Le gouvernement reconnait l'important travail de l'autre endroit dans le cadre de son examen approfondi du projet de loi C-14, celui-ci a grandement enrichi le débat parlementaire sur cet enjeu complexe.
- Le gouvernement se réjouit que cette Chambre ait appuyé la plupart des amendements de l'autre endroit, avec quelques modifications mineures dans certains cas.
- Ces amendements portent sur l'adoption de mesures de sauvegarde additionnelles, les dispositions relatives au système de surveillance, et l'émission d'un rapport sur les études indépendantes dans un délai de deux ans.
- Par contre, l'amendement visant à élargir l'admissibilité à l'aide médicale à mourir aux individus dont la mort n'est pas raisonnablement prévisible ne pouvait être appuyé. Cet amendement aurait brisé l'équilibre délicat entre le respect de l'autonomie individuelle et la protection des personnes vulnérables.
- Cet amendement aurait permis aux personnes dont la seule condition médicale invoquée est une maladie mentale, d'être admissibles à l'aide médicale à mourir.
- Le gouvernement maintient la cohésion et l'intégrité de son projet de loi qui établit l'équilibre que nous croyons nécessaire, qui jouit d'un large soutien de la population canadienne et est appuyé majoritairement par cette Chambre.

Si l'on vous demande des questions sur la décision de la Cour d'appel de l'Alberta dans l'affaire E.F. :

• Je suis au courant de la décision de la Cour d'appel de l'Alberta dans l'arrêt *E.F.*, dans laquelle la Cour donne une interprétation large aux

- Permettez-moi d'être claire: la décision de la Cour d'appel de l'Alberta dans l'arrêt E.F. ne portait pas sur la constitutionnalité du projet de loi C-14.
- Dans Carter, la Cour suprême du Canada nous a dit que le Parlement est le mieux placé pour concevoir un régime d'aide médicale à mourir assorti d'un ensemble de mesures de sauvegarde rigoureuses. C'est ce que nous avons fait.
- En définitive, le projet de loi C-14 sera évalué en fonction de la *Charte*, et non de l'arrêt *Carter*, lequel visait à interpréter un texte législatif différent assorti d'objectifs différents. La Cour d'appel de l'Alberta a reconnu que [Traduction] « les questions qui pourraient se poser quant à l'interprétation et à la constitutionnalité d'un texte législatif éventuel devraient évidemment attendre jusqu'à ce que celui-ci ait été édicté. » (par. 72).
- Le projet de loi C-14 est compatible avec la Charte, et prévoit un régime exhaustif de mesures de sauvegarde et de protection statutaires qui n'existera pas s'il n'y a pas de texte législatif en place d'ici le 6 juin.
- La décision de l'Alberta souligne la nécessité que le projet de loi soit promulgué d'ici le 6 juin afin que les 36 millions de Canadiens et Canadiennes aient un régime statutaire clair et en vigueur qui répondent à leurs besoins.

Si l'on vous demande si le projet de loi respecte la Charte :

- L'affaire Carter visait à déterminer s'il est permis d'imposer une interdiction générale de l'aide à mourir. Elle ne portait pas sur la valeur relative, les risques et les avantages des différents types de régimes d'aide médicale à mourir qui existent dans le monde entier.
- Le projet de loi C-14 fait suite à l'arrêt Carter en élaborant un régime qui permet l'aide médicale à mourir dans les situations qui étaient au cœur de cet arrêt.
- La grande majorité des gens qui demandent l'aide médicale à mourir
 sont mourants. La plupart des pays ne permettent en aucune façon l'aide

médicale à mourir. Dans la majorité des pays où cette pratique est autorisée, celle-ci est limitée aux personnes dont la mort naturelle est imminente, pour leur assurer une mort paisible. Seule une minorité de ces pays l'autorise pour mettre fin aux souffrances d'une personne dont la vie n'est pas menacée.

 L'arrêt Carter exige une réponse du Parlement, mais il ne l'oblige pas à adopter un régime aussi vaste que celui qui existe dans trois pays du monde seulement.

Si l'on vous demande pourquoi le projet de loi ne reflète pas toutes les recommandations du Comité mixte spécial :

- Dans le cadre de l'élaboration du projet de loi, le gouvernement a soigneusement pris en considération le rapport du Comité, les conclusions du Comité externe, du Groupe consultatif provincialterritorial d'experts, les consultations auprès des intervenants et des Canadiens ainsi que l'expérience d'autres pays qui permettent une certaine forme d'aide médicale à mourir.
- Le projet de loi incorpore l'approche générale du Comité à l'égard des garanties procédurales, et le gouvernement est déterminé à procéder à une étude plus poussée des questions soulevées dans le rapport du Comité, qui ne sont pas visées par le projet de loi.

Si l'on vous pose des questions sur la façon dont le projet de loi touche les provinces et territoires :

- Le projet de loi énonce des règles de droit pénal uniformes quant à l'admissibilité à l'aide médicale à mourir et aux garanties procédurales qui doivent être respectées pour que les médecins ou infirmiers praticiens puissent bénéficier d'une exemption de responsabilité pénale. Les provinces ne peuvent changer ces exigences; cependant, elles pourraient choisir de réglementer davantage l'aide médicale à mourir dans les domaines relevant de leur compétence.
- Rien dans le projet de loi ne contraint la province de Québec à modifier sa législation.

Si l'on vous demande pourquoi le projet de loi ne fait pas davantage pour protéger la liberté de conscience :

- Ni le projet de loi ni le droit pénal n'obligerait un médecin ou une autre personne à participer à la prestation d'une aide médicale à mourir. La pondération des droits des fournisseurs de soins médicaux et de ceux des patients constitue généralement une question qui relève de la compétence provinciale-territoriale.
- Le gouvernement continuera de travailler avec les provinces et territoires pour que les patients qui désirent obtenir une aide médicale à mourir soient mis en rapport avec des fournisseurs de soins dans le respect de la liberté de conscience de ces derniers.

Si l'on vous pose des questions sur ce qui arrivera si le projet de loi n'est pas sanctionné d'ici le 6 juin 2016 :

- Si le cadre législatif du projet de loi C-14 n'est pas promulgué d'ici le 6 juin, les Canadiens et Canadiennes seraient dans l'incertitude :
 - o incertitude quant à l'accès aux services d'un bout à l'autre du pays par ceux qui en ont besoin (par ex., les Canadiens et Canadiennes vivant dans des régions éloignées qui sont desservis seulement par des infirmiers praticiens n'auront pas accès tel que proposé dans le projet de loi C-14);
 - o incertitude quant à l'exemption de responsabilité pénale pour les médecins et les infirmiers praticiens et ceux qui les aident (par ex., l'arrêt *Carter* créait une exemption seulement pour les médecins tandis que le projet de loi C-14 propose aussi une exemption pour les infirmiers praticiens et ceux qui les aident]; et,
 - o incertitude quant aux mesures de protection adéquates pour les personnes vulnérables, incluant les personnes âgées et handicapées (par ex., le projet de loi C-14 propose des mesures de sauvegarde statutaires qui seraient en vigueur d'un bout à l'autre du pays; aussi, une partie de la surveillance présentement effectuée via l'actuelle procédure d'approbation par les tribunaux ne sera plus en vigueur après le 6 juin).
- Notre plan vise à travailler avec tous les parlementaires en vue de respecter l'échéance fixée par la Cour suprême du Canada.

 La procédure provisoire d'approbation par un tribunal prendra fin le 6 juin, et en l'absence d'un texte législatif en vigueur à cette date, il n'y aurait, à l'extérieur du Québec, aucune mesure de sauvegarde règlementaire obligatoire ou uniforme en vigueur, ni de cadre juridique pour surveiller la prestation de l'aide à mourir.

CONTEXTE:

Carter c. Canada

Le 6 février 2015, la Cour suprême du Canada (CSC) a déclaré à l'unanimité dans l'arrêt *Carter c. Canada* que l'alinéa 241b) et l'article 14 du *Code criminel* sont inconstitutionnels dans la mesure où ils prohibent à quiconque d'obtenir l'aide d'un médecin pour mourir. L'article 241 du *Code criminel* interdit à quiconque de fournir de l'aide à une personne pour que celle-ci se donne la mort. La pratique de l'euthanasie, qui consiste à mettre fin aux jours d'une autre personne pour des raisons de compassion, est interdite par l'infraction de meurtre. L'article 14 du *Code criminel* dispose que le consentement d'une personne à ce que la mort lui soit infligée n'atteint pas la responsabilité pénale d'une personne par qui la mort peut être infligée à celui qui a donné ce consentement. Ces dispositions ont pour effet d'empêcher tant les médecins que toute autre personne à apporter leur aide aux personnes qui souhaitent mourir.

La CSC a déclaré inconstitutionnelles les dispositions applicables du Code criminel dans la mesure où elles privent un adulte capable de demander l'aide d'un médecin pour mourir dans le cas où 1) la personne touchée consent à mettre fin à ses jours, et 2) la personne est affectée de problèmes de santé graves et irrémédiables (y compris une affection, une maladie ou un handicap) lui causant des souffrances persistantes qui lui sont intolérables. La prise d'effet de la déclaration d'invalidité a été suspendue pour 12 mois par la CSC, c.-à-d. jusqu'au 6 février 2016. Le 3 décembre 2015, le ministre de la Justice et procureur général du Canada a saisi la CSC d'une requête sollicitant la prorogation de six mois de la suspension de la prise d'effet de la déclaration d'invalidité prononcée dans l'arrêt Carter, soit jusqu'au 6 août 2016.

Le 15 janvier 2016, la CSC a accueilli en partie la requête du Canada et a consenti à proroger de quatre mois la suspension de la prise d'effet de la déclaration d'invalidité prononcée dans l'arrêt *Carter*, soit jusqu'au 6 juin 2016. L'alinéa 241b) et l'article 14 du *Code criminel* demeureront donc en vigueur jusqu'à cette date. La CSC a soustrait le Québec à la prorogation et accordé une exemption à ceux qui souhaitent exercer leurs droits, de sorte qu'ils pourront s'adresser à la cour supérieure de leur province ou territoire pour solliciter une ordonnance qui respecte les critères énoncés dans le pourvoi original.

Le 11 décembre 2015, la Chambre des Communes et le Sénat ont adopté des motions pour la création d'un Comité spécial mixte sur l'aide médicale à mourir chargé d'examiner le rapport du Comité (fédéral) externe et d'autres activités de consultation et études récentes et pertinentes sur le sujet, de consulter la population canadienne, les experts et les intervenants et de formuler des recommandations sur le cadre d'intervention fédéral.

Le 14 décembre 2015, le rapport du Groupe consultatif provincial-territorial d'experts sur l'aide médicale à mourir a été publié. Le 15 décembre 2015, le Comité (fédéral) externe a présenté son rapport au ministre de la Santé et au ministre de la Justice, lequel a été publié le 18 janvier 2016.

Le 25 février 2016, le Comité spécial mixte sur l'aide médicale à mourir a présenté au Sénat et à la Chambre des Communes son rapport intitulé *L'aide médicale à mourir : une approche centrée sur le patient*. Depuis le 18 janvier 2016, le comité multipartite, composé de députés et de sénateurs, a siégé pendant dix jours, tenu 14 réunions, entendu 61 témoins et reçu plus 100 mémoires. Son rapport comporte une opinion majoritaire (celle des députés et sénateurs libéraux et néodémocrates) et une opinion minoritaire (celle des députés conservateurs), ainsi qu'une opinion minoritaire supplémentaire (celle des députés néodémocrates) concernant les soins palliatifs.

Le projet de loi du gouvernement

Le 14 avril 2016, le gouvernement a présenté son projet de loi intitulé *Loi modifiant le Code criminel et apportant des modifications connexes à d'autres lois (aide médicale à mourir).*

Le projet de loi prévoit la remise en vigueur les dispositions en cause dans l'arrêt *Carter* (l'article 14 et l'alinéa 241b)), mais crée des exemptions qui permettront aux médecins et aux infirmiers praticiens de fournir l'aide médicale à mourir. Les exemptions s'appliqueront également aux pharmaciens ainsi qu'à d'autres personnes afin qu'ils puissent leur porter assistance à cette occasion.

Le projet de loi précise les critères d'admissibilité, lesquels sont les suivants :

- La personne doit être âgée d'au moins dix-huit ans et capable de prendre des décisions en ce qui concerne sa santé;
- 2. Elle doit être affectée de problèmes de santé graves et irrémédiables qui, selon la définition prévue au projet de loi, doivent répondre aux conditions suivantes :
 - a) Elle est atteinte d'une maladie, d'une affection ou d'un handicap graves et incurables;
 - b) Sa situation médicale se caractérise par un déclin avancé et irréversible de ses capacités;
 - c) Sa maladie, son affection, son handicap ou le déclin avancé et irréversible de ses capacités lui cause des souffrances physiques ou psychologiques persistantes qui lui sont intolérables et qui ne peuvent être apaisées dans des conditions qu'elle juge acceptables;
 - d) Sa mort naturelle est devenue raisonnablement prévisible compte tenu de l'ensemble de sa situation médicale, sans pour autant qu'un pronostic ait été établi quant à son espérance de vie.
- Elle doit faire une demande d'aide médicale à mourir de manière volontaire, notamment sans pressions extérieures;
- 4. Elle doit consentir de manière éclairée à recevoir l'aide médicale à mourir,
- Elle doit être admissible à des soins de santé financés par l'État au Canada, en d'autres termes il ne peut s'agir d'un visiteur étranger.

Le projet de loi prévoit également des mesures de sauvegarde d'ordre procédural qui exigent que la demande d'aide médicale à mourir soit faite par écrit et que celle-ci soit datée et signée par le patient devant deux témoins indépendants et qu'au moins deux médecins ou infirmiers praticiens, aussi indépendants l'un de l'autre et de la personne qui présente la demande, confirment que les critères d'admissibilité ont été respectés. Le projet de loi exige en outre une période de réflexion de dix jours entre le jour de la demande et celui où l'aide médicale à mourir est fournie, bien que cette période puisse être plus courte dans le cas où la mort de la personne ou la perte de sa capacité est imminente.

Le projet de loi modifie la *Loi sur les pensions*, la *Loi sur les mesures de réinsertion et d'indemnisation des militaires et vétérans des Forces canadiennes* afin de garantir que l'aide médicale à mourir n'entraînera pas la perte d'une pension et d'une prestation de survivant dans le cas où un militaire ou un vétéran des Forces canadiennes reçoit l'aide médicale à mourir. Le projet de loi modifie aussi la *Loi sur le système correctionnel et la mise en liberté sous condition* afin que ne s'applique pas l'obligation de faire une enquête distincte dans le cas où le décès du détenu résulte du fait qu'il a reçu l'aide médicale à mourir.

Le projet de loi prévoit un examen parlementaire de ses dispositions cinq ans après son entrée en vigueur.

Mesures non législatives

Après l'adoption du projet de loi, le gouvernement exigerait que trois études indépendantes soient effectuées concernant les questions relatives à l'admissibilité qui n'ont pas été traitées dans la législation (mineurs matures, demandes anticipées et santé mentale comme seule condition invoquée dans une demande). Le gouvernement travaillerait également avec les provinces et les territoires afin d'améliorer les soins palliatifs au moyen de l'Accord sur les soins de santé du Canada, en veillant à ce que l'aide médicale à mourir soit traitée aussi uniformément que possible dans l'ensemble du Canada et en élaborant des mécanismes pour aider à lier les patients aux professionnels consentants afin de faciliter l'accès tout en respectant la liberté de conscience.

Amendements au projet de loi C-14

Depuis la présentation du projet de loi, seize amendements du Comité permanent de la justice et des droits de la personne ont été adoptés. Ceux-ci incluent des modifications au préambule, aux mesures de sauvegarde, l'ajout de deux dispositions visant à apporter des précisions additionnelles, et l'obligation statutaire de mener un ou des examens indépendants sur la question des mineurs matures, des demandes anticipées, et des demandes où la maladie mentale est la seule condition médicale invoquée. Suite à l'étude préalable et l'étude du projet de loi par le Comité sénatorial permanent des affaires juridiques et constitutionnelles, le projet de loi a aussi été modifié par le Sénat. La Chambre des communes a accepté la plupart des amendements du Sénat (mesures de sauvegarde additionnelles, modifications aux dispositions relatives au système de surveillance, émission d'un rapport sur les études indépendantes dans un délai de deux ans), avec quelques modifications mineures dans certains cas. Par contre, la Chambre n'a pas appuyé l'amendement visant à élargir l'admissibilité à l'aide médicale à mourir aux individus dont la mort n'est pas raisonnablement prévisible.

Loi du Québec concernant les soins de fin de vie

Le 5 juin 2014, l'Assemblée nationale du Québec a adopté le projet de loi 52, la *Loi concernant les soins* de fin de vie. Parmi les mesures qu'elle prévoit, la loi autorise l'« aide médicale à mourir » qui est définie comme l'administration par un médecin de médicaments ou de substances à une personne, à la demande de celle-ci, entraînant son décès, c.-à-d. l'euthanasie volontaire.

Le 22 décembre 2015, dans l'affaire *D'Amico*, la Cour d'appel du Québec a confirmé la validité de la législation québécoise en vigueur depuis le 10 décembre 2015. La Cour a infirmé la décision de la Cour supérieure concluant que la loi québécoise est inopérante en vertu de la doctrine de la prépondérance. Elle a conclu que la doctrine de la prépondérance ne s'applique que pour résoudre un conflit entre une loi fédérale valide et une loi provinciale valide et, même si la CSC a suspendu sa déclaration d'invalidité, la loi fédérale n'est pas vraiment « valide » puisqu'elle a été déclarée inopérante dans l'affaire *Carter*.

Histoire parlementaire sur la question de l'euthanasie et de l'aide au suicide

Au cours des vingt dernières années, le Parlement s'est penché à diverses reprises sur la question du suicide assisté par un médecin et sur l'euthanasie, par le truchement de projets de loi et de motions d'initiative parlementaire et d'études réalisées par des comités du Sénat. Chaque fois, le Parlement a rejeté la décriminalisation de l'aide médicale à mourir.

Au cours de la dernière législature, le projet de loi privé S-225 du Sénat présenté le 2 décembre 2014 par la sénatrice Nancy Ruth (Conservateur) a été débattu en deuxième lecture. Il aurait modifié le Code criminel pour permettre l'assistance au suicide et l'euthanasie dans certaines circonstances.

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Question Period Note

MEDICAL ASSISTANCE IN DYING

ISSUE:

Government strategy for responding to the Supreme Court of Canada decision in *Carter v. Canada*.

PROPOSED RESPONSE:

- On April 14, 2016, the Government introduced proposed legislation that would respond to the *Carter* decision.
- The Bill would permit medical assistance in dying across Canada. It
 would respect the autonomy of persons suffering from a grievous and
 irremediable medical condition to seek assisted dying, while protecting
 vulnerable persons.
- The Bill would provide exemptions for physicians, nurse practitioners, and other persons who give assistance in the process of providing medical assistance in dying to eligible persons. It would remain a crime to assist a person to die or cause a person's death in situations other than lawful medical assistance in dying.
- The eligibility criteria in the Bill ensure that medical assistance in dying would be a choice for competent adults whose deaths have become reasonably foreseeable, based on all of their medical circumstances, but without requiring a specific prognosis. This is a balanced and fair approach.
- The Bill includes robust procedural safeguards, as well as the framework for a monitoring system that will be developed by the Minister of Health in regulations, following consultations with the provinces and territories.
- The Government is committed to supporting the Bill with non-legislative responses, including working with the provinces and territories on a mechanism to connect patients with willing providers while respecting conscience rights.
- The Bill provides for parliamentary review after five years. The review would be informed by Canadian evidence and data, including independent studies the Government will commission into issues not

addressed in the Bill, such as eligibility for mature minors, advance requests, and requests where psychiatric illnesses are the sole medical condition present.

If pressed on the Alberta Court of Appeal decision in E.F.:

- I am aware of the Alberta Court of Appeal decision in *E.F.*, which interpreted the *Carter* parameters broadly. Courts in other provinces, such as Ontario, have read the decision more strictly.
- At the end of the day, Bill C-14 will be measured against the *Charter*, and not the *Carter* case, which interpreted a different law with different objectives. The Court of Appeal of Alberta acknowledged that the "interpretation and the constitutionality of eventual legislation should obviously wait until the legislation has been enacted." (para. 72)
- Bill C-14 complies with the Charter, and provides for a complete regime
 of safeguards and protections that would not exist if there is no
 legislation in place by June 6.

If pressed on whether the Bill complies with the Charter:

- Carter was a case about whether it is permissible to have a blanket prohibition on assistance in dying. It was not a case about the relative merits, risks and benefits of the different types of regimes that permit medical assistance in dying around the world.
- Bill C-14 responds to Carter by crafting a regime that permits medical assistance in dying in the sorts of situations that were at the heart of the Court's decision.
- The overwhelming majority of people who seek medical assistance in dying, are dying. Most jurisdictions do not permit assisted dying at all. The majority of those that do permit the practice restrict it to individuals whose natural death is approaching, to permit a gentle passage to death. Only a minority of these jurisdictions permit it as a response to suffering in life.
- The Carter decision requires Parliament to respond, but it does not mandate the enactment of the broadest possible regime that exists in

If pressed on why the Bill does not adopt all of the Special Joint Committee's recommendations:

- In developing the Bill, the Government carefully considered the Committee's report, as well as the findings from the External Panel, Provincial-Territorial Expert Advisory Group, consultations with stakeholders and Canadians, and the experiences of other countries who have permitted some form of medical assistance in dying.
- The Bill incorporates the Committee's general approach to procedural safeguards, and the Government is committed to further studying issues from the Committee's report that are not included in this Bill.

If asked about how the Bill would affect the provinces and territories:

- The Bill sets out consistent criminal law rules regarding who is eligible for medical assistance in dying and the safeguards that must be respected for medical or nurse practitioners to be exempted from criminal responsibility. Provinces cannot change these requirements, but could choose to further regulate medical assistance in dying under their areas of jurisdiction.
- Nothing in the Bill compels the province of Quebec to amend its legislation.

If pressed about why the Bill does do more to protect conscience rights?

- Nothing in the Bill or the criminal law would require a physician or other
 person to participate in medical assistance in dying. Balancing the rights
 of medical providers and patients is generally a matter of provincialterritorial responsibility.
- The Government will continue to work with the provinces and territories to connect patients with willing providers while respecting conscience rights.

If pressed regarding what happens if the Bill does not receive Royal Assent by June 6, 2016:

- Our plan is to work with all Parliamentarians to meet with the Supreme Court's deadline. If the Bill is not in force by June 6, 2016, the parameters of the Carter decision will take effect.
- The interim court-approval process would end on June 6, and if no federal law is in place at that time, outside of Quebec, there would be no mandatory or consistent safeguards, or legal framework for monitoring how assisted dying is being administered.
- Uncertainty around the Carter parameters would persist, and likely lead to inconsistent results in who is found to be eligible, even between medical practitioners in the same jurisdiction.
- Some medical practitioners may be unwilling to provide medical assistance in dying in the absence of a statutory framework.
- All of these reasons reinforce the need for Bill C-14 to be in place by June 6, 2016.

BACKGROUND:

Carter v. Canada

On February 6, 2015, in *Carter v. Canada*, the Supreme Court of Canada (SCC) unanimously declared that paragraph 241(*b*) and section 14 of the *Criminal Code* are unconstitutional to the extent they prohibit physician-assisted death. Section 241 of the *Criminal Code* prohibits a person from providing assistance to another person to commit suicide. The practice of euthanasia, which is ending another person's life for reasons of mercy or compassion, is prohibited by the offence of murder. Section 14 of the *Criminal Code* states that a person's consent to die does not affect the criminal liability of a person charged with inflicting their death. These provisions operate to prohibit physicians, as well as non-physicians, from assisting people who wish to die.

The SCC found the relevant provisions of the *Criminal Code* unconstitutional to the extent they prohibit physician-assisted death for a competent adult person who 1) consents to the termination of life and 2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual. The SCC suspended its declaration of invalidity for one year, i.e., until February 6, 2016. On December 3, 2015, the Minister of Justice and Attorney General of Canada filed a motion in the SCC to extend the suspension of the declaration of invalidity in the *Carter* case for six months, to August 6, 2016.

On January 15, 2016, the SCC granted Canada's motion in part and agreed to extend the suspension of its declaration of invalidity in Carter for four months, until June 6, 2016. Therefore, paragraph 241(b) and section 14 of the *Criminal Code* remain in force until then. The SCC exempted Quebec from the extension and granted an exemption to those who wish to access their rights so that they may apply to the superior court of their jurisdiction for relief in accordance with the criteria set out in the first *Carter* decision.

On December 11, 2015, the House of Commons and the Senate adopted motions establishing a Special Joint Committee to review the report of the federal External Panel and other recent relevant consultation activities and studies, to consult with Canadians, experts and stakeholders, and make recommendations on the framework of a federal response.

On December 14, 2015, the provincial-territorial Expert Advisory Group report on physician-assisted dying was made public. On December 15, 2015, the federal External Panel provided its report to the Minister of Health and the Minister of Justice, which was publicly released on January 18, 2016.

On February 25, 2016, the Special Joint Committee on Physician-Assisted Dying tabled its report in the Senate and the House of Commons, *Medical Assistance in Dying: A Patient-Centred Approach*. Since January 18, 2016, the all-party Committee, consisting of members of Parliament and Senators, sat for 10 days, held 14 meetings, heard from 61 witnesses and received over 100 briefs. Its report include a majority opinion (adopted by Liberal and NDP MPs and Senators), as well as a minority opinion (by Conservative MPs), and a minority supplementary opinion (by NDP MPs) in relation to palliative care.

The Government's Proposed Legislation

On April 11, 2016, the Government introduced its Bill, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

The Bill would re-enact the provisions at issue in the *Carter* case (sections 14 and 241(b)), but would create exemptions to permit physicians and nurse practitioners to provide medical assistance in dying. It would also extend exemptions for pharmacists and other persons to provide assistance in the process.

The Bill specifies five eligibility criteria, including:

- 1. The person must be at least 18 years old and competent to make decisions with respect to their health.
- 2. The person must have a grievous and irremediable medical condition, which is defined in the Bill as having all of the following characteristics:
 - a) A serious and incurable illness, disease or disability;
 - b) The person is in an advanced state of irreversible decline in capability;
 - c) The illness, disease, or disability or state of decline causes the person enduring physical or psychological suffering that is intolerable to them and that cannot be relieved in a manner that the person considers acceptable to them;
 - d) The person's natural death has become reasonably foreseeable due to all of their medical circumstances, without requiring that a prognosis has been made as to the length of time that they have remaining.
- 3. The person must have made a voluntary request for medical assistance in dying that in particular was not made as a result of external pressure;
- 4. The person must give informed consent to receive medical assistance in dying; and
- 5. The person must be eligible for health services funded by a government in Canada, in other words, they cannot be a foreign visitor to Canada.

The Bill also includes procedural safeguards that require the request for medical assistance in dying be in writing, signed and dated by the patient, be witnessed by two independent persons, and that at least two physicians or nurse practitioners who are also independent of each other and the person confirm that the eligibility criteria have been met. The Bill would also require a 15 day reflection period between the request and the provision of medical assistance in dying, though this could be abbreviated if the person's death or loss of capacity became imminent.

The Bill would amend the *Pension Act* and *Canadian Forces Members and Veterans Re-establishment* and *Compensation Act* to ensure there would be no loss of survivor benefits or pensions should a Forces member or Veteran receive medical assistance in dying. The Bill would also amend the *Corrections and Conditional Release Act* to remove the requirement that there be a separate investigation into the death of an inmate who receives medical assistance in dying.

The Bill would provide for a Parliamentary review of its provisions in five years following its coming into force.

Non-legislative responses

After the Bill is passed, the Government would commission three independent studies into eligibility issues that were not addressed in the legislation (mature minors, advance requests, and mental illness as the sole basis for a request). The Government would also work with the provinces and territories to improve palliative care through the Canada Health Accord, ensure medical assistance in dying is treated as consistently as possible across Canada, and develop a mechanism to help connect willing providers to patients to facilitate access while respecting conscience rights.

Quebec Act respecting end-of-life care

On June 5, 2014, the National Assembly of Quebec passed Bill 52, *An Act respecting end-of-life care*. Among other measures, the Act authorizes "medical aid in dying" which is defined as a physician causing a patient's death at their request, i.e. voluntary euthanasia.

On December 22, 2015, Quebec's Court of Appeal decision in *D'Amico* confirmed the validity of Quebec's legislation, in force since December 10, 2015. The Court overturned the Superior Court's finding that Quebec's law is inoperative under the doctrine of paramountcy. It found that paramountcy only applies to resolve a conflict between a valid federal law and a valid provincial law and that, although the SCC suspended its declaration of invalidity, the federal law is not really "valid" since it was declared inoperative in *Carter*.

Parliamentary history on the issue of euthanasia and assisted suicide

Physician-assisted suicide and euthanasia have been considered by Parliament on a number of occasions over the past 20 years, through Private Members' Bills and motions, and Senate Committee studies. On each occasion, Parliament rejected decriminalization of physician participation in causing patient death.

In the last Parliament, Private Senate Bill S-225 was introduced on December 2, 2014, by Senator Nancy Ruth (Conservative), and was debated at Second Reading. It would have amended the *Criminal Code* to permit assisted suicide and euthanasia in certain circumstances.

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Pages 1458 to / à 1460 are withheld pursuant to section sont retenues en vertu de l'article

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